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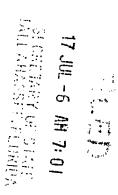
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COVER LETTER

TO: Registration So Division of Cor			
	HIPPING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Jan A. Yelen		
		Name of Person	······································
	Yelen & Yelen, P.A.		
		Firm/Company	
	1104 Ponce De Leon Blvd		
	 .	Address	
	Coral Gables, FL 33134		
		City/State and Zip Code	
	jyelen@yelen-yelen.com		
For further information c	e-mail address: () oncerning this matter, please ca	to be used for future annual report notifi	cation)
Jan A. Yelen	6 ,	205 445 2721	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIMINI SHIPPING LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	ility Company were filed on 02/15/2008	and assigned
Florida document number L08000017001	·	
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
3. If amending the registered agent and/or	registered office address on our records, en	ter the name of the r
egistered agent and/or the new registered office	e address here:	5.8. 7
Name of New Registered Agent:		18 de 18 18 18 18 18 18 18 18 18 18 18 18 18
N P 1 1007 111		3
New Registered Office Address:	Enter Florida street address	
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-	, Florida	
	City	" Zin Coda

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	R. Harvey Sasso	464 S. Dixie Hwy.	Add
		Coral Gables, FL 33146	Remove
			Change
D	South River Drive LLC	1104 Ponce De Leon Blvd.	
		Coral Gables, FL 33134	Remove
			Change
AMBR	South River Drive LLC	1104 Ponce De Leon Blvd.	Add
		Coral Gables, FL 33134	□ Remove
			Change
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ective date, if other than the date of filing:	(optional) prior to date of filing or more than 90 days after filing.) Pursuant to 6	
te: If the date inserted in this block does not meet the ap	plicable statutory filing requirements, this date will not be li	05.02 isted
ument's effective date on the Department of State's reco	ords.	
record specifies a delayed effective date, but	not an effective time, at 12:01 a.m. on the ear	lier
he 90th day after the record is filed.	,	
June 29th 2017		
ed	<u></u>	
	Y/~	
Signature of a member of	authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00