(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

Division of Cor				
SUBJECT:	on arch Leade Name of Limite	XShip LLC d Liability Company		
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.		
Please return all correspo	ondence concerning this matter to	o the following:		
	Jeanne	Henningsen Name of Person		
	Monarc		<u>.</u>	
	P.O.Box	3156 Address		
	Ocala,	FL 34478 City/State and Zip Code		
	Jeanne @ 1	eanne henning Ser be used for future annual report no iffication	n.com	
For further information c	oncerning this matter, please cal	- II:		
Jeanne Name o	Henningsen	at (<u>35a</u> <u>304 - 60</u> Area Code & Daytime Tel	ephone Number	
Enclosed is a check for the	ne following amount:		4588 4588	T-
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &	

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	any as it now appears on our records.)
(A Florida Limited L	Liability Company)
The Articles of Organization for this Limited Liability Company	y were filed on June 6, 2008 and assigned
Florida document number <u>L 0800056382</u>	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
Jeanne Henningsen Wo	
The new name must be distinguishable and end with the words "Limi"L.L.C."	
Enter new principal offices address, if applicable:	722 SE 17th Ave
(Principal office address MUST BE A STREET ADDRESS)	Ocala, FL 34471
	Desires Contraction of the contr
Enter new mailing address, if applicable:	P.O. Box 3156 82 0
(Mailing address MAY BE A POST OFFICE BOX)	Ocala, FL 34478 = 11
	9 2
B. If amending the registered agent and/or registered of	ffice address on our records, enter the name of the n
registered agent and/or the new registered office address her	<u>re</u> :
Name of Nam Desistand Assets	NA
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>
I haraby appear the appointment as registered about and app	ree to act in this capacity. I further agree to comply with

If Changing Registered Agent, Signature of New Registered Agent

accept the obligations of my position as registered agent as provided for in Chapter 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Man MGRM = M	anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
·			_
			\Box
			Remove
			Add
			Remove
		Post Property of the Control of the	Add Remove
		AHASS	Remove 13 PH Add
			Add N
			Remove
			Add
			Remove

ar	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
٠,	
,	Danahar ID Dana
_	December 10, 2013.
	(Kanne Henningson)
	Signature of a member or authorized representative of a member
	Jeanne Henningsen
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 DEC 13 PH 3: 12