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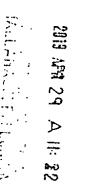
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COVER LETTER

TO:	Registration So Division of Co				
CUD IEZ		IAITI SHIPPING CARGO SE	RVICES, LLC		
aubar.	Name of Limited Liability Company				
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		CAR	MELLE N. BOISETTE		
			Name of Person		
		HAITI SHI	PPING CARGO SERVICES, LLC		
Firm/Company					
Address MIAMI, FL 33166					
		HSC.CA	City/State and Zip Code RMELLE@YAHOO.COM		
		ication)			
For furth	er information c	oncerning this matter, please c	alf:		
	CARMELLE	N. BOISETTE	305 757-5977		
	Name o	f Person		e Telephone Number	
Enclosed	l is a check for th	ne following amount:			
⊋ \$25.0	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:

TO:

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

ALA TOTA	TURRING CARGO CERVICE	gen i
	SHIPPING CARGO SERVICES	• •
(A	Liability Company as it now app Florida Limited Liability Compan	2819 APR 29 A II: 23
The Articles of Organization for this Limited Liab Florida document number	oility Company were filed on	14 A D C11 3 CT11 3000
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	ne limited liability company	here:
, <u></u>		
The new name must be distinguishable and contain the word	ls "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
-	, , ,	
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	OX)	
B. If amending the registered agent and/or	registered office address	on our records, enter the name of the n
registered agent and/or the new registered offic		
Name of New Registered Agent:		
New Registered Office Address:	Frier F	lorida street address
	inter 1	ivi ina in CO adurcio
	City	, Florida Zip Code
	Cuh	гір Соде

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	PATRICK A. BELIARD	5439 NW 72ND AVE MIAMI, FL 33166	
			☐ Remove
			☐ Change
			
			□ Remove
			Change
			□ Add
			□ Remove
			Change
		272.7 · · · · · · · · · · · · · · · · · · ·	Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
DatedAPRII. 24TH,
Signature of a member or authorized representative of a member
CARMELLE N. BOISETTE

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00