

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H11000188838 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BARINAS & ASSOCIATES INC.

Account Number : I20000000082 Phone : (305)871-0889 Fax Number : (305)870-9623

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN USS UNITED SHIPPING SERVICE, LLC

| Certificate of Status | 1       |
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| USS UNITED   | SHIPPING SERVIC  | E, LLC                    |                    |                 |
|--|--|---------------------------|--------------------|-----------------|
| (A Flori   | ility Company as it now appea<br>da Limited Liability Company) | rs on our records.)       |                    |                 |
| The Articles of Organization for this Limited Liabilit   | y Company were filed on  | 07/20/2011                | and assigned       | d               |
| Florida document numberL11000083442  | <u> </u>   | •                         |                    |                 |
| This amendment is submitted to amend the following   | <b>;</b> :   |                           |                    |                 |
| A. If amending name, enter the new name of the   | limited liability company her                                  | <u>te</u> :               |                    |                 |
| UNITED S   | SHIPPING SERVICE, LL   | С                         |                    |                 |
| The new name must be distinguishable and end with the "L.L.C."                                       | words "Limited Liability Compa                                 | any," the designation "   | 'LLC" or the abbre | viation         |
| Enter new principal offices address, if applicable:  |  |                           | 2.                 |                 |
| (Principal office address MUST BE A STREET AD  | DRESSI   |                           | F8 7               |                 |
|  | · · · · · · · · · · · · · · · · · · ·                          | •                         |                    | 1               |
|  |  |                           | 85 <u>7</u> 88     | to an High      |
| Enter new mailing address, if applicable:  |  |                           |                    | 1 1             |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |                           | 10 C               | A SECULAR PORTS |
| •  | ,  |                           | [2]                |                 |
|  |  |                           | A                  |                 |
| B. If amending the registered agent and/or re<br>registered agent and/or the new registered office a |  | our records, <u>enter</u> | the name of the    | e new           |
| Name of New Registered Agent:  |  |                           | <u> </u>           |                 |
| New Registered Office Address:   |  |                           |                    |                 |
| Toblison's Alles Sanage  | Enter Florida street address                                   |                           |                    |                 |
| <u></u>  |  | , Florida                 |                    |                 |
|  | City   |                           | Zip Code           |                 |

## 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 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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

5

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

| <u> Fitle</u>  | <u>Name</u>                   | Address  | Type of Action      |
|----------------|-------------------------------|--|---------------------|
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| ). Ifamen<br>— | ding any other information, e | nter change(s) here: (Attach additional shee     | ets, if necessary.) |
| <u></u>        |                               |  | 28<br>TE<br>TDA     |
|                |                               |  |                     |
| Dated          |                               | Am   |                     |
|                | Signature o                   | of a member or authorized representative of a me | ember               |

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July 26, 2011

## FLORIDA DEPARTMENT OF STATE

USS UNITED SHIPPING SERVICE, LLC Division of Corporations 6030 NW 99 AVE

STE 414

DORAL, FL 33178

· SUBJECT: USS UNITED SHIPPING SERVICE, LLC

REF: L11000083442

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Barbara Bostick Regulatory Specialist II FAX Aud, #: H11000188838 Letter Number: 111A00017573