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## COVER LETTER

TO: Registration Section Division of Corpo				
SUBJECT: S	hip to Isla	ind LLC ited Liability Company		
	Name of Lim	ited Liability Company		
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	Gayle	Philbert Name of Person		
	Ship	to Island Firm/Company	<u></u>	·
	10219 EUE	ning Trail Dr		
	Riverview	FL 33569 City/State and Zip Code		18098 18098 18098 18098
,	E-mail address (	OUS Cyahoo Com to be used for future annual report notifi	ication)	10000000000000000000000000000000000000
For further information cone	erning this matter, please ca	ail:		
Gayle Po	Philbert roon	at ( <u>\$13</u> ) <u>\$10 - 1</u> Area Code Daytime	0942 Telephone Number	· 5万 27
Enclosed is a check for the f	ollowing amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

#### 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

Gayle D Philbert L	LC
(Name of the Limited Liability Compa (A Florida Limited l	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L   1000    999</u> .	were filed on 9/28/2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab  Ship to Island LLC	pility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	10219 Evening Trail Dr Riverview ft 33569
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10219 Evening Trait Dr. Riverview fl 33569:
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
N. B. C. Lind at St.	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 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Harrigan Philbert	10219 Evening Trail Dr Riverview #C 33569	Add
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Filing Fee: \$25.00