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COVER LETTER

TO:

TO:	Registrat Division o					
elib ie <i>t</i>		lom Inte	ernational Shipping, LLC			
SUBJE	c1: <u>_</u> _		Name of Limi	ited Liability Comp	any	
The encl	losed Artic	les of A	mendment and fee(s) are subr	mitted for filing.		
Please re	eturn all co	теѕроп	dence concerning this matter (to the following:		
			Robin Hughes			
				Name of Pe	rson	
			Freedom International Ship	pping, LLC		
				Firm/Comp	any	
430 Toney Penna Dr, Suite			: 4			
				Address		
			Jupiter, FL 33458			
			<u></u>	City/State and Z	ip Code	
			rhughes@freedomff.com			
			E-mail address: (t	to be used for futur	e annual report no	tification)
For furth	her inform	ation co	ncerning this matter, please ca	all:		
Robin H	lughes			800 at (790-5130	
	1	Name of	Person	Area C	ode Dayti	me Telephone Number
Enclose	d is a chec	k for th	e following amount:			
\$25.	.00 Filing	Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fili Certified (additional o		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
]]]	Registra Division P.O. Bo	NG ADDRESS: tion Section a of Corporations x 6327 ssee, FL 32314] [(STREET/COUR Registration Sectorivision of Corp Clifton Building 2661 Executive (Fallahassee, FL 3	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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YUNUY.	. 5
TALLAHASSA	AH 11: 30 YOF STATE EE. FLORIDA
	C. FLORIDA

Freedom International Shipping, LLC (Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 8/29/12 and assigned Florida document number L12000111236 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

, Florida

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>	<u>Address</u>	Type of Action
MGRM	Shamus Dailey	430 Toney Penna Dr	
		Suite 4	Remove
		Jupiter, FL 33458	■ Change
			□ Remove
			Change
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			SECRUTALLA HI
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effective date is listed, the date: If the date inserted in	ate must be specific at	nd cannot be pr	or to date of filing	or more than 90 day	s after filing.) Pu	rsuant to 605.0201
cument's effective date on	the Department of	State's record	is.	B.odanomon	,	not bo listed u.
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record specifies a de he 90th day after th	layed effective e record is filed	date, but i I.	iot an effecti	ive time, at 12	:01 a.m. on	the earlier o
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