

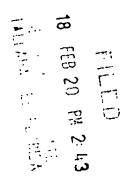
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## **COVER LETTER**

TC		istration Sec ision of Corp					
613	DIECT.	ILS SHIPPI	NG LLC				
50	(DJEA, L		Name of Lim	ited Liability Company			
Th	e enclosed	l Articles of a	Amendment and fee(s) are sub-	mitted for filing.			
Ple	ease return	all correspon	ndence concerning this matter	to the following:			
			MANUEL PRADAS				
				Name of Person			
			GAM SERVICES				
			_	Firm/Company			
	1820 N CORPORATE LAKES BLVD SUITE 206-10						
				Address			
			WESTON, FL 33326				
				City/State and Zip Code			
			mp.gamservices@gmail.cor				
			E-mail address: (1	to be used for future annual report notif	ication)		
Fo	r further ir	nformation co	oncerning this matter, please co	all:			
М	ANUEL P	PRADAS		954 217 0223			
		Name of	Person	at ()	Telephone Number		
En	closed is a	check for th	e following amount:				
<b>5</b>	\$25.00 F	iling 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:

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, F1, 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ILS 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 \_\_\_\_\_\_ and assigned Florida document number <u>L12000149639</u> 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 "LC". 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

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
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effective date is listed, the date mu	ist be specific and cannot be prior to date of filin	ng or more than 90 days after filing.) Pursuant to	
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ecord specifies a delave	d effective date, but not an effect	tive time, at 12:01 a.m. on the ea	ırlier (
ne 90th day after the re		_,	
weston ed			
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- Carry	1	ntative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00