

08/29/2031 06:

L13000064070

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000231488 3)))



H130002314883ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

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

2013 OCT 17 AM 8:07
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ED1 - INTERNATIONAL SHIPPING COMPANY IMPORT - EXPORT**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

13 OCT 17 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

N. Giffen OCT 18 2013

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2013 OCT 17 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ED1-INTERNATIONAL SHIPPING COMPANY IMPORT-EXPORT L.L.C.
(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 05-01-13 and assigned
Florida document number L13000064070

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ED1 SHIPPING LINES IMPORT-EXPORT LLC

The new name must be distinguishable and end with 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)

3032 N.W. North River Drive
MIAMI FL, 33142

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

City, Florida 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

H13000231408

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:

MGR = Manager

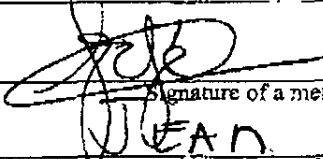
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	CARLO E. JASME		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ELIANA JASME		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JEAN ELIE R JASME		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JEAN ELIOBERT JASME	3032 NW NORTH RIVER DR MIAMI FL 33142	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	GINA LATOUR THORNDOR	3032 NW NORTH RIVER DR MIAMI FL 33142	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	VLADIMIR MOISE	3032 NW NORTH RIVER DR MIAMI FL 33142	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

OCTOBER 17, 2013



Signature of a member or authorized representative of a member

JEAN ELIOBERT JASME

Typed or printed name of signer

Page 2 of 2

FILED
2013 OCT 17 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H13000231468