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2015 AUG 2U P 3: 29
SECRETARY OF STATE

AUG 25 2015

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COVER LETTER

Division of Cor	porations		
CONTAINI SUBJECT:	ER SHIPPING, L.L.C		
	Name of Limite	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ndence concerning this matter to	the following:	
	SVETLANA SHMAKOVA		
		Name of Person	· .
	CONTAINER SHIPPING, I	L.L.C	
	•••	Firm/Company	
	533 NORTH NOVA ROAD	213B	
		Address	
	ORMOND BEACH, FL 321	174	
	JACOB@CONTAINERSHIE	City/State and Zip Code PPING.US	
	E-mail address: (to	be used for future annual report notific	ation)
For further information co	oncerning this matter, please call	-	,
SVETLANA SHMAKO	VA	386 951-6650	
Name of	f Person	Area Code Daytime T	Celephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing 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)

TO:

Registration Section

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

CONTAINER SHIPPING, L,L,C		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our re- Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	533 NORTH NOVA ROA	D
(Principal office address MUST BE A STREET ADDRESS)	SUITE 110	
	ORMOND BEACH, FL 32	2174
Enter new mailing address, if applicable:	533 NORTH NOVA ROAL	D
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 110	
	ORMOND BEACH, FL 32	21/4
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street aa	idress
	Cîty	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties provided for in Chapter 6 address, I hereby confirm	s, and I am familiar with and 05, F.S. Or, if this document is a that the limited liability
if Cha	nging Registered Agent, <u>Signat</u>	ure of diew Registered Agent
Page	1 of 3	P 3

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>	Name	Address	Type of Action
MGR	STANISLAV VORONINE	4 TOMAHAWK TRL	= Add
		ORMOND BEACH, FL 32174	□ Remove
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