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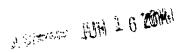
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The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

J. David Pena
Name of Person
Fowler Rodriguez
Firm/Company
355 Alhambra Circle Suite 801
Address
Coral Gables, FL 33134
City/State and Zip Code
dpena@frfirm.com
E-mail address: (to be used for future annual report notification)

Certified Copy

(additional copy is enclosed)

For further information concerning this matter, please call:

J. David Pe	ena	₃₁ 786,36	64-8400
Name o	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T & T SHIPPING AND TRANSPORT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(71 Torrida Estimated 1	stability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 01/31/2014 and assig	gned
Florida document number L14000017515		-
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.l	L.C."
Enter new principal offices address, if applicable:	8101 W 31 Avenue	
(Principal office address MUST BE A STREET ADDRESS)	Unit 1	
	Hialeah Gardens, FL 33018	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name o	f the new
Name of New Registered Agent:		
New Registered Office Address:		•
	Enter Florida street address	•
	, Florida	*
New Registered Agent's Signature, if changing Registered Agent:		r teros
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 p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with provided for in Chapter 605, F.S. Or, if this docun address, I hereby confirm that the limited liability	and nent is
If Char	nging Registered Agent, Signature of New Registered Agent	

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member Title <u>Name</u> **Address Type of Action** Miguel A. Trujillo 8101 W 31 Avenue MGRM 🗷 Add Unit 1 ☐ Remove Hialeah Gardens FL 33018 □ Add ☐ Remove □ Add ☐ Remove Add ☐ Remove ____ Remove

		
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Filing Fee: \$25.00

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