L140000 27886

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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DIVISION OF CORPORATIONS

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COVER LETTER

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CHDIC		RLD DIR	ECT SHIPPING, LLC		
SUBJEC	1:		Name of Lim	ited Liability Company	
The enclo	sed Art	icles of An	nendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all c	correspond	ence concerning this matter	to the following:	
			MATTHEW NEWMAN		
				Name of Person	
			WORLD DIRECT SHIPPI	ING, LLC	
				Firm/Company	
			600 TAMPA BAY WAY	# 6	
				Address	
			PALMETTO, FL 34221		
		City/State and Zip Code			
			USOPERATIONS@WORLDDIRECTSHIPPING.COM		
			E-mail address: (to be used for future annual report not	ification)
For furthe	er inforn	nation con	cerning this matter, please ca	all:	
MATTH	EW NE	WMAN		941 729-5828 at ()	
		Name of Po	erson	Area Code Daytin	ne Telephone Number
Enclosed	is a che	ck for the f	following amount:		
\$25.0	0 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)

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

WORLD DIRECT SHIPPING, LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L14000027886	were filed on FEBRUARY 18, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:	600 TAMPA BAY WAY # 6	
(Principal office address MUST BE A STREET ADDRESS)	PALMETTO, FL 34221	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	600 TAMPA BAY WAY # 6 PALMETTO, FL 34221	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the ne
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address , Florida	11-6 N OF CO
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		2 E O
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 p	ree to act in this capacity. I further agre performance of my duties, and I am fa	ee to comply will unitiar with and

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

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
			□ Add
			☐ Remove
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			Change

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<u>Note</u>	ve date, if other than the date of filing:	7 (3)(s the
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.	of:
Dated	DCTOBER 4 2016	
	OCTOBER 4, 2016.	
	Signature of a member or authorized representative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00