# L14000176876

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SECRETARY OF STATE
TALLAHASSEE, FI ORIGA

J. Shivers DEC 1 5 2014



1420 CELEBRATION BLVD, CELEBRATION, FL, 34747 TEL 407 361 2289

28<sup>th</sup> November 2014

Dear Sir or Madam:

Please find enclosed a check for \$30.00 and the relevant forms for changes to the Articles of organization for the following company.

Florida Limited Liability Company GLOBAL SHIPPING, LLC Document NumberL14000136970 FEI/EIN Number47-1769773

I have also included the company minutes along with the resolutions. I am unaware whether you need this document but I have included it for your records.

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NADJA BORNER/AMBR



#### 1420 CELEBRATION BLVD, CELEBRATION, FL, 34747 TEL 407 361 2289

#### MEETING MINUTUES OF THE BOARD OF DIRECTORS of

### **GLOBAL SHIPPING LLC**

This meeting of the Board of Directors of Global Shipping LLC was held via Skype on Friday 28<sup>th</sup> November 2014. The undersigned, being all of the directors of the corporation, hereby take the following actions

RESOLVED. The Board of Directors approves the following resolutions in the form attached hereto

Remove a Director/Manager (Michele Blackmore)

THE UNDERSIGNED DIRECTORS, BEING ALL THE DIRECTORS OF GLOBAL SHIPPING LLC, ENTITLED TO VOTE ON THE MATTERS DESCRIBED ABOVE DO HEREBY AGREE TO THE FOREGOING RESOLUTIONS AND ACTIONS.

Dated 28th November 2014

30

NADJA BORNER/AMBR

## **COVER LETTER**

Division of Con	porations ·		
SUBJECT:	GLOBA	L SHIPPING, LLC	
SUBJECT:		ited Liability Company	· .
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	S	STEPHAN BORNER	
	<del>.</del>	Name of Person	
	G	LOBAL SHIPPING, LL	C
		Firm/Company	
	142	20 CELEBRATION BLV	D
		Address	
	CELEB	RATION, FLORIDA, 3	4747
		City/State and Zip Code	
	•	Pglobalvehicleshipping to be used for future annual rep	<del>-</del>
For further information co	oncerning this matter, please ca		or nomeanor,
STEPHAN	BORNER	at ( 407 )	446-0208
Name of	Person	Arca Code	A46-0208  Daytime Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status &  Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:** 

TO:

**Registration Section** 

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

GLOBAL SH	IPPING, LLC	
(Name of the Limited Liability Compa (A Florida Limited	iny ay it now appears on our records. Liability Company)	)
The Articles of Organization for this Limited Liability Company Torida document numberL14000136970	were filed on28th NOV	2014 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and end with the words "Limited Liob	oility Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	1420 CELEBRATION BL	
Principal office address MUST BE A STREET ADDRESS)	CELEBRATION	
	FLORIDA, 34747. USA	AH CO
		SS.
nter new mailing address, if applicable:		Ro Z III
Mailing address MAY BE A POST OFFICE BOX)		LLS O
		<u> </u>
<ol> <li>If amending the registered agent and/or registered o egistered agent and/or the new registered office address her</li> </ol>		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Floridu street address	
	CHARLE COMMUNICATION (COMPANY)	
	, Flor	rida
	c w.	sep conc

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 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	Name	Address	Type of Action
MBR	BLACKMORE, MICHELE	576 BELLFLOWER BLVD. #208	
		LONG BEACH, CA 90814	<b>◯</b> Remove
			☐ Remove
			C Add
			PACE CRED
			SECRETARY OF STATE
			RANGE S
			O Add
			☐ Remove
			□ Add
			O Renove

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		, in the state of		
se effective	ate, if other than the date of fil date must be specific, cannot be prior to	date of receipt or filed date and cannot be more than !	(optional) 20 days after	
he date this o	locument is filed by the Florida Depart	ment of State)		
	204 NOVEMBER	2014		
ated	28th NOVEMBER	<u>, 2014</u> .		
ated	28th NOVEMBER		TAL	1.1
ated		2014  Ta member or authorized representative of a member		174 DE
ated		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		1.4 DEC -
ated		Ta member or authorized representative of a member	CRETAR LAHASS	14 DEC 19
ated		Ta member or authorized representative of a member NADJA BORNER	CRETA LAHA	

Page 3 of 3

Filing Fee: \$25.00