

06 Jan 15 14:30

Division of Corporations

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LH400192870

Florida Department of State
Division of Corporations
Electronic Filing 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.

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To:

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

From:

Account Name : PRIME KEYS SOLUTIONS, LLC
Account Number : 20140000094
Phone : (305)856-6121
Fax Number : (305)856-6122

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please**

Email Address: DSantini@bellsouth.net

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TRUE SHIPPING CO. LLC**

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

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**JAN 07 2015
D. BRUCE**

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

p.2
H150000057353

TRUE SHIPPING CO. LLC

(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 12/18/14 and assigned
Florida document number L14000192870.

This amendment is submitted to amend the following:

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

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)

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 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:

#150000037353

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------|---------------------------------|--|
| MGR | VARZY CORPORATION | 1541 BRICKELL AVE STE. 1806 | <input type="checkbox"/> Add |
| | | MIAMI, FL 33129 | <input checked="" type="checkbox"/> Remove |
| MGR | VARZY CORPORATION | AKARA BUILDING, 24 DE CASTRO ST | <input checked="" type="checkbox"/> Add |
| | | WICKHAMS CAY 1, | <input type="checkbox"/> Remove |
| | | TORTOLA, BRITISH VIRGIN ISLANDS | |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
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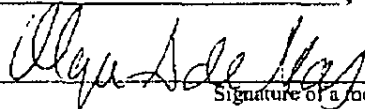
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 6, 2015



Signature of a member or authorized representative of a member

OLGA SANTINI

Typed or printed name of signer

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