## 02/01/2033 06:20 Division of Electronic Filing Cover 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 : LAZARUS CORPORATE FILING SERVICE, INC

Account Number : I20000000019

Phone : (305)552-5973 Fax Number

: (305)675-5944

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

Email	Address:			
CLIMAT T	WOO! C33.			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AMBIKA SHIPPING MIAMI LLC

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MAR 2 4 2015

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMBIKA SHIPPING MIAMI LLC (Name of the Dimited X-Hollity C (A Florida Lie	omnány sa it now appears an our reco nited Liability Company)	त्रक
The Articles of Organization for this Limited Liability Com Plorida document number L15000027304	and assigned	
This amendment is submitted to amend the following:	÷	
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and end with the words "Limited	d Liability Company," the designation "L	LC" or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:		₹S #
Principal office address MUST BE A STREET ADDRES	<u>Si</u>	
Enter new mailing address, if applicable:		Z3 SSECTOR
(Mailing address MAY BE A POST OFFICE BOX)		근 <sub>이</sub> 를 U
		海头 <b>克</b>
		- ω · ω
B. If amending the registered agent and/or registere registered agent and/or the new replatered office address		19, <u>enter the name of th</u>
Name of New Registered Agent:		
New Registered Office Address:		
,	Enter Florida street addre	F.EF
	, F	lorida Zu 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 Resistered Agent

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02/01/2033 06:20 mar 23 2**015 3:48PM** 

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## H15000072972

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 MGR -Herrera, Lisset 7660 SW 83 Court □ Add MlamI-FI 33143 ■ Remove MGR Hilda Carolina Leon 10020 SW 91 Terraice ■ Add Miami-Fl 33176 □ Ramove \_□ Add □-Remove PPK 🗆  $\Box$  $\geq$ " 🗆 Remove □ Add Remove

Page 2 of 3

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). Kraw	sending any other information, enti	er chango(s) here: (Attach ac	iditional sheets, if necessary.)
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(The con	live date, if other than the date of the city date of the city date must be specific, cannot be prior to be the document in filed by the Florida Depart	o dete of receipt or filed date and san	not be more than 90 days after
Dated	march 23rd	2015	·
		Margal.	i
	Lisset Herrera	a applicator of patholicon representa	live of a member
		Typed or bringed name of algree	

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