#15000076830

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
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(Do	cument Number)	-
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K.SALY EXAMINER JUN - 2 2015

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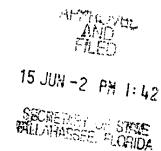
Division of Cor			
KINGSHIF SUBJECT:	P LINE, LLC		
30B3EC1,	Name of Limited Liability Company		
The enclosed Articles of	Amendment and fee(s) are submitted for filing.		
Please return all correspo	ondence concerning this matter to the following:		
	NEIL B MOONEY, ESQ.		
	Name of Person		
THE MOONEY LAW FIRM, LLC			
	Firm/Company		
	1911 CAPITAL CIRCLE NE		
	Address		
	TALLAHASSEE, FL 32308		
	City/State and Zip Code		
	NMOONEY@CUSTOMSCOURT.COM		
For further information c	E-mail address: (to be used for future annual report notification)		
NEIL B MOONEY, ESC	Q. 850 893-0670		
Name o	of Person Area Code Daytime Telephone Number		
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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



KINGSHIP LINE, 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	y were filed on <u>05/01/2015</u>	and assigned
Florida document number L15000076830		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lial</u>	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" o	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 or registered agent and/or the new registered office address here.		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flor	ida
	City	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	HEXAGON VENTURES, INC.	EDIFICIO MAGEL, OFICINA C-	□ Add
		AVENIDA SAMUE	■ Remove
		CIUDAD DE PANAMA	□ Change
MBR	WON CHUL CHOO	Rua Domingos Leme 301 Ap. 31	■ Add
		Sao Paulo - SP	□ Remove
		04510-040 Brazil	Change
			Add
			Remove
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Effective data if other than t	ne date of filing:	(optional)
(If an effective date is listed, the date n	nust be specific and cannot be prior to date of filing or more than 90 block does not meet the applicable statutory filing requirem	days after filing.) Pursuant to 605.0207 (3)(b)
the record specifies a delay The 90th day after the re	ed effective date, but not an effective time, at it ecord is filed.	12:01 a.m. on the earlier of:
Dated JUNE 02	2015	
	· —	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00