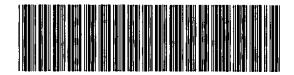
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COVER LETTER

Division of Cor				
	SHIPPING LLC			
SUBJECT:	Name of Lim	ited Liability Company		
		tu 10 m		
	Amendment and fee(s) are sub	_		
Please return all correspo	ondence concerning this matter	to the following:		
	MARTTI KALKAS			
		Name of Person		
	 			
		Address		
	MIAMI, FL. 33131			
	MJKALKAS@BELLSOU [*]	City/State and Zip Code FH.NET		SEC
	E-mail address: (to be used for future annual report notifi	cation)	器件
For further information of	concerning this matter, please co	all:		ELVSZETI
MARTTI KALKAS		305 5779716 at ()		معاشد ومرح تستر
Name o	of Person		Telephone Number	2: 17 TATE ORIDA
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
MAN	INC ADDRESS.	STREET/COURT	en Annnece	

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

LYNXUS SHIPPING 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 $\underline{08/03/2016}$ and assigned Florida document number ____L16000145065 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 , Florida

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

Zip Code

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
MGR	ANDRE JACOBOVITZ	1550 BREAKWATER TERRACE	□ Add
		HOLLYWOOD, FL 33019	■ Remove
			Change
AMBR	LYNXUS INC	4302 HOLLYWOOD BLVD	∃ Add
		HOLLYWOOD, FL 33021	Remove
			☐ Change
			□ Add
			☐ Remove
			SECONDE FILE
			FILED SP #2 Pimove ANASSEE, FLORE ANASSEE,
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	cifies a delayed ay after the reco			ot an effect	tive time, at	: 12:01 a.n	ı. on the ear	lier o
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Typed or printed name of signee

Filing Fee: \$25.00