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SECRETARY OF STATE
TALLAHASSEE, FL.

2020 SEP 11 AM 8:55

FILED

10/21/20
Oh

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARIBBEAN CARGO SHIPPING LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PLATON ALEXANDRAKIS
Name of Person

ALEXANDRAKIS LAW PLLC.
Firm/Company

110 HERRICK WAY SUITE 3A
Address

CORAL GABLES, FL 33134
City/State and Zip Code

PLATON@ALEXANDRAKISLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PLATON ALEXANDRAKIS at (786) 853-4769
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION **FILED**
OF

2020 SEP 11 AM 8:55

CARIBBEAN CARGO SHIPPING LLC.
(Name of the Limited Liability Company as it now appears on the records)
(A Florida Limited Liability Company) SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 10/6/2017 and assigned Florida document number 117000207206.

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 "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

~~_____ Florida _____~~

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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>JUDITH P. GABRIEL</u>	<u>8403 PINE BLVD. #211</u>	<input checked="" type="checkbox"/> Add
		<u>REMBROKE PINES, FL 33024</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>FELIX, PIERRE</u>	<u>6343 MIRAMAR PARKWAY</u>	<input type="checkbox"/> Add
		<u>MIRAMAR, FL 33023</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

