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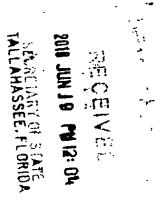
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COVER LETTER

Divi	sion of Corp	orations		
SUBJECT:	TO GO SHII	PPING LINE LLC		
SUBJECT:		Name of Limit	ted Liability Company	
The enclosed	Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspond	dence concerning this matter to	o the following:	
		Christoph Zamy		
			Name of Person	
		TO GO SHIPPING LINE	LLC	
			Firm/Company	
		1145 NE 133 Street		
			Address	
		North Miami, Florida 3316	61	
			City/State and Zip Code	
		E-mail address: (to	o be used for future annual report notification	ntion)
For further in	formation cor	ncerning this matter, please cal	II:	
Christoph Za	amy Name of I		at (<u>Stil</u>) <u>713 · 41</u> Area Code Daytime 1	29
	Name of t	rerson	Area Code Daytime i	elephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

TO GO SHIPPING LINE LLC		
(Name of the Limited Liability Compa (A Florida Limited	uny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on October 17, 2017	and assigned
Florida document number L17000215040		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		F. 2
		至 2 0
Enter new mailing address, if applicable:		SS
(Mailing address MAY BE A POST OFFICE BOX)		ma 3 Fr
		6 5 6
		- P
B. If amending the registered agent and/or registered o	ffice address on our records, ent	er the name of the
registered agent and/or the new registered office address her		,
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>	Type of Action
MGR	Edy Cadet	107 St James Drive	≡ Add
		Gretna. LA 70056	Remove
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			☐ Remove
			hange of the control
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			☐ Remove
			☐ Change
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			☐ Change
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ective date, if other than the date	e of filing:		(optional))
effective date is listed, the date must be see: If the date inserted in this block of	pecific and cannot be pri-	or to date of filing or mon		
ument's effective date on the Depart			equirements; tins date	will not be fisted
record specifies a delayed eff	ective date, but r	ot an effective tin	ne, at 12:01 a.m.	on the earlier
he 90th day after the record				
ed June 15	2018 	,		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00