

(Requestor's Name)				
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(Address)				
(City/State/Zip/Phone #)				
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(Document Number)				
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COVER LETTER

	egistration Se ivision of Cor						
SLRIFCT	TO GO SH	TO GO SHIPPING LINE LLC					
SOBJECT		Name of Limited Liability Company					
The enclose	ed Articles of	Amendment and fee(s) are sub	emitted for filing.				
Please retu	rn all correspo	endence concerning this matter	to the following:				
		CHRISTOPH ZAMY					
			Name of Person				
			Firm/Company				
		1145 NE 133TH ST					
			Address				
		NORTH MIAMI, FL 3310	51				
		ZAMYCHRISTO@GMAI	City/State and Zip Code L.COM				
Erre thombre	information c	E-mail address: (to be used for future annual report not	ification)			
		oncerning this matter, prease c	954 707-8577				
Name of Person		at ()					
	Name o	rerson	Area Code Daytin	ie Telephone Number			
Enclosed is	a check for th	ne following amount:					
\$25.00	Filing 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)			
	Registr Divisio P.O. Bo	ation Section n of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TO GO SHIPPING LINE (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 $\frac{10/17/2017}{2}$ _____ 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 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

__, Florida _

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	MARIE LAURA CADEAU	980 NE 170 ST APT 108	B Add
		MIAMI FL 33162	□ Remove
			Change
MGR	CHRISTOPH ZAMY	1145 NE 133 ST	B Add
		NORTH MIAMI FL 33161	□ Remove
			Change
MGR	EDY CADET	107 ST JAMES DR	
		GRETNA LA 70056	■ Remove
			Change SAdd
			☐ Remove
			Sim Orghange
			□ Remove
			☐ Change
			Add
			Remove
			Change

	tion, enter change(s) here: (Attach addition	
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If an effective date is listed, the date mu	date of filing: t be specific and cannot be prior to date of filing or mock does not meet the applicable statutory filing epartment of State's records.	ore than 90 days after filing.) Pursuant to 605.0207.
ne record specifies a delayed The 90th day after the rec	d effective date, but not an effective toord is filed.	ime, at 12:01 a.m. on the earlier of
Dated SEPT, 17	2018	
- Energy	b	
	Signature of a member or authorized representative	of a member
	C/H/Q/S/OP Typed or printed name of signee	4 Zoue

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Filing Fee: \$25.00