LITCO215575

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FO:	Registration Section
	Division of Corporations

SHOP2SHIP LLC

SUBJECT:

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

JOACHIM BADE

Name of Person

SHOP2SHIP LLC

Firm/Company

2229 NW 79th Avenue

Address

Miami, Horida, 33122

City/State and Zip Code

jb@ fiveseasons.com

h-mail address: (to be used for future annual report notification).

For further information concerning this matter, please call:

Joachim Bade	786	350.9110
	at ()	
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the 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).

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** OF

T ARTICLES OF (AMENDMENT FO ORGANIZATION OF	2020 OCT 29
SHOP2SHIP1.LC		PH
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>1.17000215878</u>	g were filed on <u>October 18, 2017</u>	and assigned
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited lial</u>	<u>pility company here</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company." the designation "LLC" or the	e abbreviation "L.I. C."
Enter new principal offices address, if applicable:	2229 NW 79th Ave	
(Principal office address MUST BE A STREET ADDRESS)	Miami	
	FL 33422	
Enter new mailing address, if applicable:	2229 NW 79th Ave	
(Mailing address MAY BE A POST OFFICE BOX)	Miami	
	F1, 33122	

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:

	Ciny	Zıp Code
	MIAMI	Florida ³³¹²²
<u></u>	En	ter Florida street address
New Registered Office Address;	2229 NW 79th Ave	
Name of New Registered Agent:	JOACHIM BADE	

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. Thereby confirm that the limited liability company has been notified in writing of this change.

A. E. de	
If Changing Registered Agent Signature of New Registered Agent	-

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	ABEL HORVATH	1504 BAY RD	🗆 Add
		MIAMI BEACH	= Remove
		H. 33139	
			(I.Add
			🗆 Remove
			I Change
			🗆 🖂
			🖸 Remove
			□Change
			⊡AJd
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			Change
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			I Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	TOBER 28TH 2020	12:00	
		A. Dole_	
		Signature of a member or onthorized representative of a member	
	JOACHIM BADE		
		Typed or printed name of signee	- -