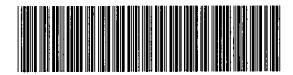
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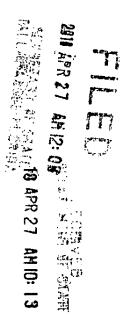
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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MR30201A

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE	4/27/2018	_	#WALK IN#
ENTITY	NAME	SHIPMENT MANAGEMENT LLC	
DOCUM	ENT NUMBER_		
		PLEASE FILE THE ATTACHED AND RETURN	
XXXXX	XXX	Plain Copy	
		Certified Copy Certificate of Status	ಹ
	**	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	APR 27 AN IO: I
		Certified Copy of Arts & Amendments Certificate of Good Standing	10: 10 10: 10
		APOSTILLE' / NOTARIAL CERTIFICATION	
	PY OF DESTINA R OF CERTIFICA	TION ITES REQUESTED	
TOTAL	OWED 25.00	СНЕСК #4779	
Please	call Tina at t	the above number for any issues or concerns. Thank you s	o much!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shipment Management LLC		
(Name of the Limited Lia (A Flo	ibility Company as it now appears on our records orida Limited Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liabilit Florida document number L18000074744		and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the		
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 AD	DDRESS)	
		N P
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u></u>	
		No.
·		
B. If amending the registered agent and/or re- registered agent and/or the new registered office a	· ·	, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	1
		rida
	City	Zip Code
New Degistered Agent's Signature if changing Degist	arad Agant:	

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>	Name	<u>Address</u>	Type of Action
PRES	Mary Jane Szabad	22025 SW Tivvolo Way	□ Add
		Port S. Lucie, FL 34986	■ Remove
			□ Change
TREA	Mark S. Szabad	22025 SW Tivvolo Way	
		Port S. Lucie, FL 34986	■ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			☐ Add
		 	Change F
			And
			☐ Change
-			☐ Add
•		- ,	☐ Remove
			Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
	
n effec ote: Ti	e date, if other than the date of filing:
reco The S	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
ted _	APRIL 26 , 2018
	Warks Sald
	Signature of a member or authorized representative of a member Mark S. Szabad
	Typed or printed name of signee
	Page 3 of 3 Filing Fee: \$25.00