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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Shake Shipping Lice Name of Lighted Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Saced Shakur Name of Person
Shake Shipping LLC Firm/Company
-1507 ROSETTEP Court Address
City/State and Zip Code Shakur: Suce J. D. Amul: (Om E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Saled Shalkur at (407) 127-6016 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee. Certificate of Status & \Bigcup Certificate of Status &

MAILING ADDRESS:

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**

Shake Shipping LLC	
(Name of the Limited Liability Compan (A-Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company volument number 1500001876.	vere filed on August 23, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
Redefining Entertainment Through Art and the new name must be distinguishable and contain the words. Limited Liability	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2903 Graffon Drive. Kissimmee, FL 34741
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4507 Rosetree Court Orlando, FL 32837
B. If amending the registered agent and/or registered offeregistered agent and/or the new registered office address here:	
Name of New Registered Agent:	WA STATE
New Registered Office Address:	NA Enter Florida street address
N(Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	2.7

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

MGR = N AMBR = A	lanager Authorized Member		
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Filing Fee: \$25.00