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SECRETARY OF STATE FLORIDA
TALLAHASSEE, FLORIDA

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T SCHROEDER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Premier Shipping @ Trating LLC Name of Foreign Climited Liability Company	
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Cindy Birkhold Name of Person	
Sharp Accounting Service Firm/Company	
512 N Drange Aue Address	
Sarasota FL 34234 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call: Circle Birkhold at (941) 954 -1040 Name of Person Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc	;

CR2E055 (9/15)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Premier Shipping @ C	
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number LISOOU 253707	npany were filed on OCT. 29, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited</u>	
Premier Shipping and Crati	ing LLC
	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 ADDRES	<u> </u>
	SE REAL TO
Enter new mailing address, if applicable:	ASSET ASSET
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register	red office address on our records, entry the name of the ne
registered agent and/or the new registered office address	is here:
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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			☐ Remove
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(If an effect <u>Note:</u> If	date, if other than the date of filing: we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days he date inserted in this block does not meet the applicable statutory filing requirements is effective date on the Department of State's records.	optional) after filing.) Pursuant to 605 s, this date will not be liste	.0207 (3) ed as the
f the recor (b) The 9	d specifies a delayed effective date, but not an effective time, at 12:00 oth day after the record is filed.	01 a.m. on the earlie	er of:
Dated <u> </u>	1 3/14/19 D		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00