# L18000284528

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(Business Entity Name)	
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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
cubu		RE MARINE SPONSORS, LI	LC	
SUBJI		Name of Lim	ited Liability Company	<del>.</del>
The en	nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		JOSE M. TORRES		
			Name of Person	<del></del>
		FOURSHORE CAPITAL,	LLC	
		<del></del>	Firm/Company	. <u> </u>
		901 Ponce de Leon Blvd.	STE 402	
			Address	
		Coral Gables, FL 33134		
		•	City/State and Zip Code	<del></del>
		jmtorres@fourshorecapital.		
		E-mail address: (	to be used for future annual report notif	fication)
For fur	rther information co	oncerning this matter, please ca	all:	
Jose N	И. Torres		786 535-4611 at ( )	
	Name of	Person	Area Code Daytimo	e Telephone Number
Enclos	sed is a check for th	e following amount:		
<b>□</b> \$2	5.00 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)

MAILING ADDRESS:

TO:

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

Fourshore Marine Sponsors, LLC (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 December 11, 2018 \_\_\_\_ and assigned Florida document number <u>L1</u>8000284528 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FOURSHORE LOGISTICS HOLDINGS, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." 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 City

### 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
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Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	oust be specific and cannot be block does not meet the a	pplicable statutory f	or more than 90 days afte	ional) r filing.) Pursuant to 605.0207 ( s date will not be listed as t
ne record specifies a delay The 90th day after the re	ed effective date, bu cord is filed.	t not an effectiv	ve time, at 12:01	a.m. on the earlier of:
Dated August 20th	2019	_		
XM				
Ocot -t	Signature of a member or			

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Typed or printed name of signee

Filing Fee: \$25.00