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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 : (561)694-8107 Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHIPPER LLC

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NOV 0 5 2018

T. LECKEUX

ARTICLES OF AMENDMENT TO

FILED ARTICLES OF ORGANIZATION OF

2018 NOV -4 P 2-31

SHIPPER LLC

(1 mile 32)) W 63	(A Plorida Limited Liability Company (A Plorida Limited Liability Company)	THE PROPERTY OF ELFLORIOA
The Articles of Organization for this Limited Florida document number L19000031289	Liability Company were filed on	02/06/2019 and assigned
This amendment is submitted to amend the fo	ollowing:	
A. If omending name, enter the new name		here:
E-Courier LLC		
The new same must be distinguishable and comain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli		
(Principal office address MUST BE A STRE		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		
B. If amending the registered agent and registered agent and/or the new registered of	Vor registered office address	on our records, enter the name of the n
Name of New Registered Agent:	Corporate Creations Network In	e.
New Registered Office Address:	11380 Prosperity Farms Road #	22(E
	Enter Fl	arida street address
	Point Beach Gardens	, Florida 33410
	City	Lip Code

New Registered Agent's Signature, il 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.

Ashley Goldsmith, Special Secretary

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

Title	Name	Address	<u>Type of Action</u>
MOR	4ward Management, LLC	1202 SW 144 CT	
		MIAMJ, FL 33184	B Add
			С Реточе
			□ Change
MGR	ROSA, MARIANO G	1202 SW 144 CT	∏ ∧ dd
		MIAMI, FL 33184	
			■ Remove
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eco.	c date, if other than the date of filing: (optional) The date is listed, the date must be specific and commot be prior to date of filing or more than 90 days after filing.) Pursuant to 603.6 the date inserted in this black does not meet the applicable statutory filing requirements, this date will not be listed at a control date on the Department of State's records. I's effective date on the Department of State's records.
e 9	
J	November 4th, 2019
	lusia
	Signature of a member of authorized representative of a member
	Mariano Garcia Rosa, Manager
	Typed or printed name of signer

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Filing Fee: \$25.00