5/15/2019 Division of Corporations

> Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

> > (((H190001596263)))



To:			<u>, 1888</u>
	Division of C	orporations	
	Fax Number	: (858)617-6383	
From:			lgeret. Tigen
	Account Name	; TAXLEAF.COM INC	•
	Account Numbe	r : 120140000084	<sub></sub> ,,,
	Phone	; (305)541-3980	27
	Fax Number	: (888)772-8108	<b>三</b> 統(

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DN INTERNATIONAL SHIPPING LLC

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DN INTERNATIONAL SHIPPING I	LLC	
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number <u>L19000097018</u>	pility Company were filed on APRIL 8TH, 2019	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	. ··
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "ELC" or the a	bbreviation "L. H.
Enter new principal offices address, if applical (Principal office address MUST BE A STREET		A 77
Enter new mailing address, if applicable:  (Mailing address MAY RE A POST OFFICE B	<i>ΟΧ</i> Ω	P [7]
B. If amending the registered agent and/o registered agent and/or the new registered offi	r registered office address on our records, <u>enter</u> ce address here:	the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	<u> </u>
	Cliv	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 Chauging Registered Agent, Signature of New Registered Agent

### H19000159626 3

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	Type of Action
MGR	DF SHIPPING SERVICE LTD	3111 N UNIVERSITY DR STE 105	
		CORAL SPRINGS, FL 33065	■ Remove
			☐ Change
AMBR	DF SHIPPING SERVICE LTD	3111 N UNIVERSITY DR STE 105	
		CORAL SPRINGS, FL 33065	☐ Remove
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Effective date, if other than the	st be specific and cannot be prior lock does not meet the applica	able statutory filing requir	(optional) 90 days after filing.) Pursuant ements, this date will not b	տ 605.020 e listed a:
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