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SECRETARY OF STATE

AUG 2 1 2018 T. LEMIEUX

## **COVER LETTER**

TO:

TO: Registration S Division of Co			
	GLOBAL LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARLON JOHNSTON		
		Name of Person	-
	EZ SHOP GLOBAL LLC		
		Firm/Company	
	7431 NW 33RD STREET		
	-	Address	
	LAUDERHILL, FL. 33319	)	
		City/State and Zip Code	
	MARLON.J7@GMAIL.CO E-mail address: (	M to be used for future annual report notific	cation)
For further information of	concerning this matter, please co	all:	
MARLON JOHNSTON		754 281-8770 at ()	
Name (	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 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)
Regist	JNG ADDRESS:	STREET/COURIE Registration Section	
Division of Corporations P.O. Box 6327		Division of Corpora Clifton Building	HORS

Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EZ SHOP GLOBAL LLC

company has been notified in writing of this change.

FILED

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 2019 ANG IS P 5: 24 The Articles of Organization for this Limited Liability Company were filed on MAY 6, 2019 SFCRFTARY and as signed Florida document number \_\_\_\_\_\_119000121502 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 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 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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	DR. ALBERT LANDER	5405 NW 102 AVE, UNIT 203, SUNRISE, FL. 33351	■ Add
			□ Remove
			□ Change
AMBR	ELKA COOLS-LARTIGUE	7431 NW 33RD STREET, LAUDERHILL, FL. 33319	■ Add
			□ Remove
		<del> </del>	Change
		<del></del>	□ Remove
			☐ Change
			Remove
			Change
			Remove
			Change
			Remove
			Change

"EZ SHOP TT"	
"CARGO SOLUTIONS INTE	RNATIONAL (TRINIDAD) LTD"
"EZ SHOP JA"	
"STORK ONLINE LOGISTIC	CS LTD"
-	
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ffective date, if other than the can effective date is listed, the date must lote: If the date inserted in this blo ocument's effective date on the De	date of filing:
e record specifies a delayed The 90th day after the reco	effective date, but not an effective time, at 12:01 a.m. on the earlier of: ord is filed.
AUGUST 8	. 2019
	Signature of a member or authorized representative of a member
MARLON JOHNSTON	
-	Typed or printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00