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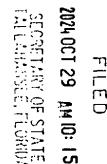
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COVER LETTER

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Registration Section

TO:

Division of Cor	porations		
	al Ship Chartering LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Reginald Beliard		
		Name of Person	
	International Ship Charter	ing LLC	
		Firm/Company	
	12184 SW 92 Avenue		
		Address	
	Miami FL 33176		
		City/State and Zip Code	
	maria@pazaccounting.com	to be used for future annual report no	otification)
For further information c	oncerning this matter, please c	·	,
Maria C Perez of Paz A	ccounting Company	786 900-0729	
Name o	f Person		ime Telephone Number
Enclosed is a check for the	ne 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)
Mailing Addres Registration S		Street Address: Registration S	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, I	"L 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

International Ship Chartering 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 May 9, 2019 and assigned Florida document number L18000125951 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" 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 , Florida

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.

City

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</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Patrick Beliard	12184 SW 92 Avenue	
		Miami FL 33176	■Remove
			Change
			□Add
			□Remove
			Change
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ffective d	ate, if other than date is listed, the date	the date of fili	ng: October 1	7, 2023		(optional)	
an effective lote: If the	date is listed, the date date inserted in th	: must be specific a is block does no	ind cannot be pric timeet the anni	or to date of filing	g or more than 90 z filing requiren	days after filing. nents, this date) Pursuant to 605.02 will not be listed
	effective date on th				mile requirem	nemo, mo date	THE HOT GE HISTOR
	cifies a delayed effe	ective date, but n	ot an effective	time, at 12:01	a.m. on the ear	lier of: (b) Th	e 90th day after th
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Filing Fee: \$25.00