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(Business Entity Name)
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COVER LETTER

	legistration Se Division of Cor			
SUBJECT	LEROY SI	IIPPING LLC		
SOBJECT	ı ·	Name of Lim	ited Liability Company	
The enclos	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter	·	
		ROYSIS B RINCONES		
			Name of Person	
			Firm/Company	
		12024 MAGAZINE STRI	EET, APT 9109	
		-	Address	
		ORLANDO FL 32828		
		LEORAHN@HOTMAIL.	City/State and Zip Code COM	
For further	r information co	E-mail address: (oncerning this matter, please c	to be used for future annual report not	ification)
	B RINCONES		407 607-3723	
	Name of	Person	at () Area Code Daytin	ne Telephone Number
Enclosed i	s a check for th	e 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 Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
R	failing Address degistration S	Section	Street Address: Registration Se	ection
D	Division of Co LO. Box 632	orporations	Division of Co	rporations
	allahassee, F		The Centre of 2415 N. Monro	Fallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEROY SHIPPING LLC		
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.) ity Company)	
The Articles of Organization for this Limited Liability Company were	e filed on07/01/2020	and assigned
Florida document number 1.20000185671		
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 Co	ompany," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2020
(Principal office address MUST BE A STREET ADDRESS)		67
		£2 6
		AH ID
Enter new mailing address, if applicable:		Mu a
(Mailing address MAY BE A POST OFFICE BOX)		FAI S
		
B. If amending the registered agent and/or registered office addr	ess on our records, enter the	name of the new registere
agent and/or the new registered office address here:	,	
Name of New Registered Agent:		
Nov Paristand Off - All	<u> </u>	
New Registered Office Address:	Enter Florida street address	
	Floric	1

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

Zip Code

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>	Address	Type of Action
MGRM	ROYSIS B RINCONES	12024 MAGAZINE STREET, APT 9109	□Add
		ORLANDO, FL 32828 US	□Remove
		(TITLE CHANGED) ≣Change
AMBR	LEOPOLDO J RAHN	12024 MAGAZINE STREET, APT 9109	□Add
		ORLANDO, FL 32828 US	= Remove
			□ Change
<u>_</u>			□Add
		START OF SERVICE	Gehange
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