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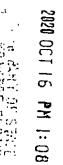
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor				
	sportation & Shipping Service	LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter	_		
	Grenville A Brathwaite			
		Name of Person		
	A-319 Transportation & Sl	nipping Service ELC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company		
	1962 Ibis Bay Court			2028
		Address		130 B202
	Ocoee, Florida, 34761			16.7
		City/State and Zip Code		3 3 3 3 3 3 3 4 3 4 3 4 4 4 4 4 4 4 4 4
	gpdcgroup@yahoo.com			M 1:08
For further information o		to be used for future annual report notifical.	cation)	F 6
	oncerning this matter, please ca			
Grenville A Brathwaite		954 681 1185 at ()		
Name o	f Person	Area Code Daytime	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)	S60.00 Filing Certificate of Certified Cop (additional copy	Status &
Mailing Addres Registration S Division of C	Section Corporations	Street Address: Registration Sect Division of Corp	orations	
P.O. Box 6327		The Centre of Ta	Hanassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company))
The Articles of Organization for this Limited Liability Co Florida document number L20000297726	ompany were filed on September 22nd 20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
my title to be amended from Manager to Managing Member	or AMBR.	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1962 Ibis Bay Court	
(Principal office address MUST BE A STREET ADDR	ESS) Ococc, Florida 34761	
	-	2020
Enter new mailing address, if applicable:		<u>, C C 1</u>
(Mailing address MAY BE A POST OFFICE BOX)	N/A	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter tl</u>	ne name of the new registered
Name of New Registered Agent: N/A		
New Registered Office Address:	Enter Florida street address	
	Emer variau sweet adaress	
<u>.</u>	Flor	
	City	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 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>	Name	Address	Type of Action
AMBR	Grenville A Brathwaite	1962 Ibis Bay Court,Ococe,Florida,34761	□ Add
			□Remove
			☐ Change
			□Add
			□ Remove
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			□ □ Remove
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_____ Change

Typed or printed name of signee