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FILED 2020 DEC 28 PM 3: 47

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Ship The Hits //C Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JONATHAN MEYER Name of Person
SHIP THE HITS LLC
3187 BEECH BERRY CIR
DAVIE FL 33328  City/State and Zip Code  Ship thehits a guail com  Is mail address: (to be used for nuture Annual report notification)
For further information concerning this matter, please call:
Sonathan MEYER at (954) 483 - 4518  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Sad.00 Filin

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHIP THE	
(Name of the Limited Liability Compan (A Florida Limited Li	iv as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company v	were filed on $\frac{12/10/2020}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company "the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	y company. One designment 1970 of the more manner 1970.
(Principal office address MUST BE A STREET ADDRESS)	2020
	28
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
	÷-
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new register
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address
	Florida
<del>.</del>	City Zin 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JONATHAN MEYER	275 GATERD	□Add
		APT 116	□Remove
		Hollywas FL 33024	<b>=</b> Change
MGR	FALAH RAUF	2415 NW 73RP AUF	
		SUNRISE, FL 33313  15712 NW 15+4 CT  PEMBRORE, PINES, FL	L □Remove
			120 Kinange
MGR	JOSHUA GAETA	15712 NW 15+4 CT	
		PEMBRORE PINES FL	5 <b>30 2'8</b>
			&Change
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n effective date i ite: If the date	f other than the dass listed, the date must be inserted in this blockive date on the Dep	e specific and cannot k does not meet the	e applicable statu	lifing or more than tory filing requi	(optional 90 days after filing rements, this date	g.) Pursuant to 605.020
ecord specifies is filed.	a delayed effective of	late, but not an eff	ective time, at 12:	:01 a.m. on the c	earlier of: (b) T	he 90th day after the
ted DE	CEMBER	11/h	2020			
	7)	gnature of a member	or authorized repr	esentative of a me	mber	
	<b>-</b>	JONATH	or printed name of	EYED		

• ,

Filing Fee: \$25.00