

L21000078182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

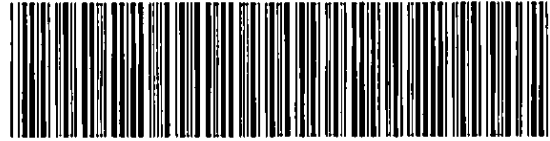
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Special Instructions to Filing Officer:

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OCT 31 2022

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SECRETARY OF STATE  
FALL AMBASSADOR  
2022 OCT 28 AM 10:28

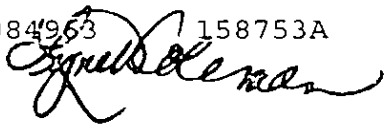
F11 ED

2022 OCT 28 PM 3:58

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 084963 158753A

AUTHORIZATION : 

COST LIMIT : \$ 25.00

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ORDER DATE : October 28, 2022

ORDER TIME : 12:39 PM

ORDER NO. : 084963-005

CUSTOMER NO: 158753A  
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DOMESTIC AMENDMENT FILING

NAME: TRISTAR CAREERS LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

TRISTAR CARRIERS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2021 OCT 28 11:10:27  
SECRETARY  
FILED  
F11 ED

The Articles of Organization for this Limited Liability Company were filed on February 16, 2021 and assigned  
Florida document number L21000078182.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

ShipX Freight LLC

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:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(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:**

Corporation Service Company

**New Registered Office Address:**

1201 Hays St

*Enter Florida street address*

Tallahassee

Florida

32301

*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 Changing Registered Agent, Signature of New Registered Agent**

Doreen S. Haeselin, Asst. VP

**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>              | <u>Type of Action</u>                      |
|--------------|-------------------------------|-----------------------------|--|
| AMBR         | ShipX Holdings, Inc.          | 377b Pearsall Ave,          | <input checked="" type="checkbox"/> Add    |
|              |                               | Cedarhurst, New York 11516  | <input type="checkbox"/> Remove            |
|              |                               |                             | <input type="checkbox"/> Change            |
| AMBR         | Princeton Logistic Group, LLC | 300 Carnegie CTR STE 150    | <input type="checkbox"/> Add               |
|              |                               | Princeton, New Jersey 08540 | <input checked="" type="checkbox"/> Remove |
|              |                               |                             | <input type="checkbox"/> Change            |
|              |                               |                             | <input type="checkbox"/> Add               |
|              |                               |                             | <input type="checkbox"/> Remove            |
|              |                               |                             | <input type="checkbox"/> Change            |
|              |                               |                             | <input type="checkbox"/> Add               |
|              |                               |                             | <input type="checkbox"/> Remove            |
|              |                               |                             | <input type="checkbox"/> Change            |
|              |                               |                             | <input type="checkbox"/> Add               |
|              |                               |                             | <input type="checkbox"/> Remove            |
|              |                               |                             | <input type="checkbox"/> Change            |
|              |                               |                             | <input type="checkbox"/> Add               |
|              |                               |                             | <input type="checkbox"/> Remove            |
|              |                               |                             | <input type="checkbox"/> Change            |

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

N/A

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**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

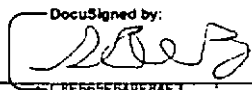
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 25, 2022

DocuSigned by:



Signature of a member or authorized representative of a member

ShipX Holdings, Inc. by its Chief Executive Officer, Solomon Zakinov

Typed or printed name of signee