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(Requ	uestor's Name)	
(Addr	ess)	-
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nai	me)
(Docu	ıment Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	





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SECRETAN SESTATE

of 3/29/2022

COVER LETTER

TO:	Registration Section		•		
	Division of Corpor		• 1	*	•
SUBJE	cr: <u>Ferigu</u>	SON'S Shippin Name of Limit	ng Services ted Liability Company	LLC	-
The enc	losed Articles of Am	nendment and fee(s) are subn	mitted for filing		
Please r	eturn all corresponde	ence concerning this matter t	to the following.		
		Ethliv	Name of Person	SON	
		Ferguson's	3 Shipping Firm/Company		
		725 NW Flo	oresta DR. Address		
		Port St Lu	City/State and Zip Code	N 983	<u>></u>
		Shancesto E-mail address (t	to be used for future annual repo	ri notification)	_
For fur	ther information cond	cerning this matter, please ca	all:		
Ethi	ine Fer	3US OV	at (<u>757) 65</u> Area Code 1	Z 4 709 Daytime Telephone Nur	nber
	Name of 10	.13011			
Enclose	ed is a check for the	following amount:			
□ \$ 2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certi 1) Certi	0 Filing Fee. ficate of Status & fied Copy ional copy is enclosed)

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

FILED 2022 MAR 14 AM 9: 27

(Name of the Limited Liabil	ity Company as it now appears on our records.) ALL AHASSEE, FL a Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number $\frac{LZ10001459}{}$	Company were filed on $3 - 29 - 70 \ge 1$ and assigned 74
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin Fersuson's Shipping Se The new name must be distinguishable and contain the words "Lin	mited liability company here: () () () () () () () () () () () () () (
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD	725 NW Floresty Dr. Pert St Lucie Fl 34983
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	ed office address on our records, <u>enter the name of the new registered</u> :
Name of New Registered Agent: El New Registered Office Address: 72	Enter Florida street address
	St St Luci & Florida 34983 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

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
MGR	Jayme Reed	1318 SW ZZMd AUR	
		care coral F1 33991	ÆRemove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
I would like for my Husbard and I
to be owners Orland Ferguson
I also has a vew address
725 NW Floresto Dr
Port St Lucie F1 37985
The Old address
13 K SW -ZZMd AVE
case coral F/ 33991
Effective date, if other than the date of filing: <u>OI - March - ZoZZ</u> (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
e 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 d is filed
Dated 01-03-22 . 2027
Signature of a member or authorized representative of a member
Ethline Ferguson Typed or printed name of signee