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COVER LETTER

Mailing Address: Registration Section Division of Corporations

P.O. Box 6327

TO: Registration Section Division of Corporations
SUBJECT: Ferguson Shipping LLC Name of Limited-Elability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ethline Ferguson Name of Person
Ferguson Shiffing Services
725 NW TIONEST G Dr Address
Pool Sand Judie Fl 834983 City/State and Zip Code
Shanica Star Chat Mail Correction of E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
For further information concerning this matter, please call:
Fthline Ferguson at (757) 652 4709 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional cept is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional cept is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

Street Address: Registration Section

Division of Corporations

The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number \(\bigcelow \lambda \log \O \cap \rangle \log \frac{174}{2} \)	were filed on <u>APCU 30 2024</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
Ethline'S. F Scoups L. L. The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	725 NW Flores La Dr Port Saint lucie F1 34983
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	725NW Floresta Dr Port Saint Lucie F134983
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: Ethlix	e Ferguson:
New Registered Office Address: 725 Nuc	Enter Florida street address
Port S	Enter Florida street address City Lucy Elorida - 34.783 Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>.</u>

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 = N $ AMBR = A$	Janager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	Orlando Terguson	725 Nw Florest Dr Portsaint lucie Fl 34983	□Add
	•	Portsaint lucie Fl	Æ Remove
		34983	□Change
			□Add
			□Remove
			□Change
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tive date, if other than the flective date is listed, the date in . If the date inserted in this nent's effective date on the	nust be specific and cannot be block does not meet the a	prior to date of filing opplicable statutory f	r more than 90 days	after filing.)	
rd specifies a delayed effectiled.	tive date, but not an effect	ve time, at 12:01 a.	m, on the carlier c	of: (b) The	90th day afte
05-08	. 707	<u> </u>			

Filing Fee: \$25.00