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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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SECRETARY OF STATE
SIVISION OF CORPORATIONS
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T. MATTHEWS APR 2 6 2022

COVER LETTER

Division of Corporations
SUBJECT: EDSy Shipping Contriner LLC 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:
EST-ec Verce Name of Person
Ensy Shipping Container LLC
36.00 Nw 32 nd Avenue
CityState and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Esther Versc at (751) 2011-5762 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigsim \\$30.00 Filing Fee \& Certificate of Status \$\Bigsim \text{Certified Copy} \\ (additional copy is enclosed) \$\Bigsim \text{\$60.00 Filing Fee}. \\ Certified Copy \\ (additional copy is enclosed)

Mailing Address:

TO: Registration Section

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 SECRETARY OF STAPE DIVISION OF CORPORATIONS

(Name of the Limited Liability Compa (A Florida Limited I	nv as it now appears on our records.) Ability Company)
The Articles of Organization for this Limited Liability Company Florida document number 12200114768	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil. The new name must be distinguishable and contain the words "Limited Liabil."	ility company here: See attached baker on next base ity 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)	V/9
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
y	
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 registered
Name of New Registered Agent:	N/A
New Registered Office Address:	Enter Florida street address
	Florida

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>	Address	Type of Action
			□Add
			□Remove
			Change
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	Adiess	Son: Angrand, Pierre Jude & : 3600 Nw 32 nd Avenue
		Landerdale Lakes FL 33309
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J.		
Affective date, if	other than the date of filin	ig: Mach 31 2022 (optional) d cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
Note: If the date i	nserted in this block does not reve date on the Department of S	meet the applicable statutory filing requirements, this date will not be listed as
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record specifies and is filed.	delayed effective date, but not	t an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	01 0 00	niember or authorized representative of a member Typed or printed name of signee
Dated March	n 31 0000	:·