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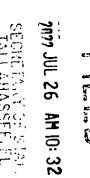
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TO:

Registration Section

Tallahassee, FL 32314

Division of Corp	porations		
SUBJECT:	Fisk S	Shipping LLC nited Liability Company	
	Amendment and fee(s) are sub	•	
,			
	Timo	Hy Norton Name of Person	
		Name of Person	
	<u>Fisk s</u>	Shipping LLC	
	10755	SW 243 rd ter	
	Homeste	City/State and Zip Code	
	Line	rt 4234@ gmail.com	
	E-mail address: ((to be used for future annual report notification)	
For further information co	oncerning this matter, please co	·	
Timathy	Norton	305 . 962 - 6996	
Name of	Person	at (305) 962 - 6996 Area Code Daytime Telephone Number	
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified C	of Status &
Mailing Address Registration S		Street Address: Registration Section	
Division of Co		Division of Corporations	
P.O. Box 6327	-	The Centre of Tallahassee	

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUL 26 AM 10: 32 Shippina v Company as it now appears on our records. IALL AHAS Limited Liability Company) Florida document number L22000148763. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address City

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Timothy Norton	My 10755 SW 2431d ter	Nadd
		Homestead, Fl 33032	□Remove
		Homestead, Fl 33032 United States	□Change
			🗀 Add
			□Remove
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					AM 10: 32
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fective date, if other in effective date is listed,	r than the date of fi the date must be specific	and cannot be prior to c	late of filing or more than 90	(optional) days after filing.) Pursu	iant to 605,020
nte: If the date inserte cument's effective date			statutory filing requirer	nents, this date will n	ot be listed a
edition soffeetive da	te on the 15cpartment	or state a records.			
record specifies a delay	zed effective date, but	not an effective time	, at 12:01 a.m. on the ear	lier of: (b) The 90th	day after the
is filed.	, , , , , , , , , , , , , , , , , , , ,		, at 12.01 2 , on the ca	(0, ,	u a, a
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nted 07-21		7			
	Signature o	f a member or authorize	ed representative of a memb	рет	

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