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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

Division of Cor	rporations		
SUBJECT:	EZE EXPVE	255 Shipping ited Liability Company	LLC_
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sheranda	Petit-Ooi, <	<u></u>
	EZE EXP	Name of Person YESS Shipping Firm/Company	LLC
	A	YK Street, Address	
	OPA - LOCK EZ-EXP	City/State and Zip Code RESSEN PPING to be used for future annual report notifi	DOS4 DOGMail Com
For further information of	concerning this matter, please ca	all:	
Shevandi Name o	PETILBUS of Person	at (126) U 63- Area Code Daytime	-2715 e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			6.

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 8102
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shipping LLC

iability Company as it now appelars on our records.)

lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ___ Florida document number 800420477638. 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 fully 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>	Name	Address	Type of Action
MBR	Sheranda Petit-Bois	234/ YOK Street Opali	CKE FL 33057
			□Remove
			Change
MOR	Rindolph Paul	835 SW 5/St Ave Margan	PL330eg
			□Remove
		Authorized Member	Change
A-MBR	EZRKiel Paul	Atthorized Member 23/11 York Street, gard	OCKAJ F L 33954
			[]Remove
			□Change
			□Add
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			□Change
			□Add
		TALLAHASS	C 17334
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