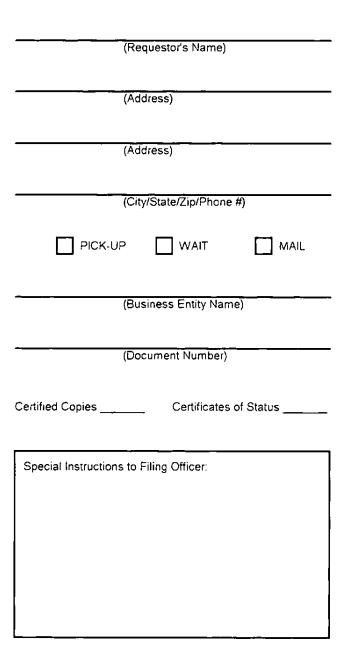
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Office Use Only





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SECRETARY OF STATE TALLAHASSEE, FL

124 APR 24 PM IS:

		COVER LET	<b>FER</b>	
Registration Se Division of Cor				*
	XPORT	SHIPPING, LLC	<b>f</b>	. •
ECT: 3	Name of Lin	nited Liability Company		
i oclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
return all correspo	ondence concerning this matter	to the following:		
		JEAN P QUESAI	DA	
		Name of Person		
		XPORT SHIPPING,	LLC	
		Firm/Company		
		2246 13 AVE SV	W	
		Address		
VERO BEACH, FL 32962				
	SAL	City/State and Zip C ES@XPORT-SHIPP		
	E-mail address: (	to be used for future an	nual report notifica	ation)
For further information co	oncerning this matter, please c	all:		
JEAN P C	DUESADA	772 at ()	6966433	
Name of	f Person	Area Code	Daytime T	elephone Number
Enclosed is a check for th	ne following amount:			
☐ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing I Certified Copy (additional copy i	y.	S60.00 Filing Fee, Certificate of State Certified Copy tadditional copy is en
<u>Mailing Address</u> Registration S	Section	Regi	t Address: istration Secti	
Division of C P.O. Box 632		Divi	sion of Corpo Centre of Tal	rations
Tallahassee, l		2415		Street, Suite 81

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

XPORT	SHIPPING, LLC			
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears or nited Liability Company)	our records.)		
Articles of Organization for this Limited Liability Comida document number	pany were filed on02/	17/2024 and as	signed	
s amendment is submitted to amend the following:				
; If amending name, <u>enter the new name of the limitec</u>	liability company here:			
XPOPRT SHIPPING, LLC				
enew name must be distinguishable and contain the words "Limited	Liability Company," the desig	nation "LLC" or the abbreviation "L	L.C."	
iter new principal offices address, if applicable:	N/A			
rincipal office address MUST BE A STREET ADDRES	<u>s)</u>			
		8		
ster new mailing address, if applicable:	N/A	024 APR SECRET TALLA	<u> </u>	
ailing address MAY BE A POST OFFICE BOX)		<u> </u>	Ē	
		SSE 3		
If amending the registered agent and/or registered of ent and/or the new registered office address here:	fice address on our reco	rds, enter the mark of the ne		
Name of New Registered Agent: N/A				
New Registered Office Address:		·····		
	Enter Florida street address			
	City	. Florida Zip (		
w Registered Agent's Signature, if changing Registered A	•	νην.		
ereby accept the appointment as registered agent and ovisions of all statutes relative to the proper and comp cept the obligations of my position as registered agen ing filed to merely reflect a change in the registered of inpany has been notified in writing of this change.	agree to act in this cap dete performance of my as provided for in Cha	duties, and I am fami pter 605, F.S. Or, if t		

# **COVER LETTER**

то:	Registration Se Division of Cor			ų
!	t Varanna 🦠	XPORT	SHIPPING, LLC	
	ECT: **	Name of Lim	aited Liability Company	
		Amendment and fee(s) are sub	•	
			JEAN P QUESADA	Section  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			Name of Person	
			XPORT SHIPPING, LLC	
	•		Firm/Company	<del></del>
			2246 13 AVE SW	
			Address	
			VERO BEACH, FL 32962	
			City/State and Zip Code	·
			ES@XPORT-SHIPPING.COM to be used for future annual report no	vition in a
For fu	irther information c	oncerning this matter, please c	,	macasany
	JEAN P Ç	)UESADA	772 6966433	
	Name o	f Person		me Telephone Number
Enclo	sed is a check for th	ne following amount:		
□ s:	25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	Mailing Addres Registration 5		Street Address: Registration S	ection
	Division of C		Division of Co	
	P.O. Box 632		The Centre of	
	Tallahassee, I	1. 32314	2415 N. Monn	oe Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	XPORT S	HIPPING, LLC	
(Name of the Lim	ited Liability Co (A Florida Limi	mpany as it now appears on our ted Liability Company)	records.)
The Articles of Organization for this Limited Florida document number	,	any were filed on02/17/20	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited	liability company here:	
XPOPRT SHIPPING, LL	С		
The new name must be distinguishable and contain the	words "Limited I	iability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A	
Principal office address MUST BE A STRE	<u>ET ADDRESS</u>	2	
Enter new mailing address, if applicable:		N/A	2024 APR SECRET TALLE
(Mailing address MAY BE A POST OFFICE BOX)			至2 2
B. If amending the registered agent and/or agent and/or the new registered office addr		ice address on our records,	enter the mose of the new regist
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Florida street	addrass
		i.mer raoraa Mreet	ana təş
		City	, Florida Zip Code
		C.1.1	73177 COLLE

### 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>	<u>Address</u>	Type of Action
AMBR	MAURICIO RIVERA	2246 13 AVE SW	
		VERO BEACH, FL 32962	<b>-</b>
			□Change
			□Add
			□Remove
			Change
			□Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	□Add
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			□Remove
			Change
			□Add
			□Remove
			□Change

ffective date, if other than the date of filing:  04/01/2024  (optional)  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 605.020/  frequencing: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records.  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 dist filed.  Signature of a member or authorized representative of a member  DEAN P. QUESADA	_			
Hective date, if other than the date of filing:  104/01/2024  204/01/2024  205/01/2024  206/01/2024  207/01/2024  208/08/2024  208/08/2024  208/08/2024  208/08/2024  208/08/2024  208/08/2024  208/08/2024  208/08/2024  208/08/2024  208/08/2024  208/08/2024  208/08/2024  208/08/2024  208/08/2024  208/08/2024				
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JEAN P. QUESADA		Signature of a member of authorized repres	suntauve of a member	