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Division of Corporations

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From:

Account Name : MANAGEMENT COMPANY USA INC

Account Number : I20240000120 Phone : (786)483-5649 Fax Number : (305)390-3773

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: USA.MANAGEMENTCO@GMAIL.COM

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COMPASS SHIP AGENT:	S & SUPPLIERS LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ns as it now appears on our records. namility Company)	1
The Articles of Organization for this Limited Liability Company Florida document number	were filed on01/21/2025	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	dity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2025
(Principal office address MUST BE A STREET ADDRESS)		m m
		FILED 8 12 AM
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	iddress on our records, <u>enter t</u>	he name of the new registere
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
New Registered Agent's Signature, if changing Registered Agent:	Cú	zącom
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as poing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F	II am familiar with and
If Chan	ging 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>	<u>Name</u>	Address	Type of Action
MGR	MARIANA MENENDEZ	2800 GLADES CIRCLE, SUITE 138	■Add
		WESTON, FL 33327	□Remove
			□Change
			□Remove
			□Change
			CIAdd
			□Remove
			□Change
			□Add
			CRemove
			[] Change
			ClAdd
			□Remove
			□Change
			□Add
			Remove
			□Change

H25000054739 3

). Ifam	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
Note:	tive date, if other than the date of filing: (optional) Hetive 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 605,0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
the reco	ord 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 filed.
Dated	FEBRUARY, 12
	Signature of a member or authorized representative of a member
	rightance or a memper or announced representative of a member

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Typed or printed name of signee