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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email	Address:	
	-	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 4TH QUARTER FREIGHT BROKER, LLC

Certificate of Status Certified Copy 0 Page Count 04 Estimated Charge \$25.00

T. LEMIEUX Help JAN 0 4 2024

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## Fax: 8134365206

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4th Quarter Freight Broker, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Hability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000249332</u> .	were filed on 05/27/21	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
4th Quarter Freight Solutions LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbre-	viation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)		797	
		•	
B. If amending the registered agent and/or registered office a	uddress an our records, enter the name o	f thé new registered	
agent and/or the new registered office address here:	enter the name of	Title new registered	
		ن. نب	
Name of New Registered Agent:	<u> </u>	2	
New Registered Office Address:			
	Enter Florida street address		
_ <u></u>	, Florida		
	Cin	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
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 peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am fam provided for in Chapter 605, F.S. Or, if t	iliar with and his document is	

If Changing Registered Agent, Signature of New Registered Agent

1/3/2024 10:55:46 PST

To: 18506176383

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From: Registered Agents Inc

Fax: 8134365206

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
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			Remove
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			□ Change

1/3/2024	10:55:46 PST
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To: 18506176383

Page: 4/4

From: Registered Agents Inc

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lf an effe <u>Note:</u>	ve date, if other than ective date is listed, the da If the date inserted in the ent's effective date on	le must be specific and cal his block does not mee	nnot be prior to date of t the applicable statu	(liling or more than 90 days tory filing requirements	optional) after filing.) Pursuant to 60 s, this date will not be lis	)5.0207 (3) sted as the
e record and is file		fective date, but not an	effective time, at 12	:01 a.m. on the earlier o	of: (b) The 90th day aft	er the
Dated .	January 3rd		2024			
		11/1/1	- Cmil	1 // esentative of a member		

Typed or printed name of signee