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LLC NC Amens.

A. RAMSEY

MAR 17 2025

## **COVER LETTER**

Division of Corporations
SUBJECT: First Class Freight Movement, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dana TSido-e Name of Person
Firm Company
DG5 NE 41St Jevr
Hom-estead Fl 33033  City/State and Zip Code  First-class Floro Ker @ amail (om E-mail address: (to be used for future annual repronotification)
E-mail address: (to be used for future annual replect notification)  For further information concerning this matter, please call:
Dava Isido e at (7840) 320-4702  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address:
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 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

FILEU

<b></b>		2025 MAR 17 PH 12 53
First Class Freig (Name of the Limited Liability Compart (A Florida Limited L	3 WH HOVE	ment 1.C. If start
The Articles of Organization for this Limited Liability Company	were filed on $\underline{\hspace{0.4cm}igg(}$	and assigned
Florida document number 2000 2550 13		• (
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
First Class Shipang Le The new name must be distinguishable and contain the words "Limited Liability"	SISTICS ity Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<del></del>	
		_
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<del>.</del>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our reco	rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida ,	
·		, Florida Zip Code
Nam Dagintarad Carat's Cianatum (Fahamina Dagintara)	City	Zιp Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre	e to act in this cap	acity. 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:

	4 11 4 1 1 1 1	 	 	.,	2	 
or removed from our records:						
MGR = Manager						
AMBR = Authorized Member						

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			☐ Change
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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	<del></del>		
			□Remove
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			□ Chungo

Effective date, if other than the date of filing: 3 17/2825 (optional)  If an effective date is listed, the date must be specific and cannot be prive to date of filing or more than 90 days after filing.) Pursuant to 605.020  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The effective date on the Department of State is record.  The 90th day after the rd is filed.  Dated 3 11/25 4					<del></del> -				<del></del> :	_
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Signature of a member or authorized representative of a member	Dated	3	17/25	nature of a me	noter or auti	norized repress	entative of a mee	nber		

Filing Fee: \$25.00