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## **COVER LETTER**

TO:

Registration Section

Div	ision of Cor	porations					
21:0:11:	LIGHTNIN	G FREIGHT LOGISTICS LL		•			
SUBJECT:	<del> </del>	Name of Lim	nited Liability Company				
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		CHAMORRO, LOUIS D					
			Name of Person				
			Firm Company				
		10400 NW 28 AVE					
			Address				
		MIAMI, FL 33147					
			City/State and Zip Code				
		jeffreycham1992marine@g			۲.٦	2012	
		h-mail address (	to be used for future annual report no	tification)	· - ::	$\Box$	1.
For further in	nformation c	oncerning this matter, please c	all;		1 ,573 1 ,573 1 ,1	31.03	,
Louis Chame			786 516-6053 at ()				
	Name o	f Person	Area Code Daytir	me Telephone Number		2021 DEC 16 AM 10: 12	
Enclosed is a	check for th	ne following amount:			1	•	
■ \$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fil Certificat Certified (additional	te of Sta Copy	tus &	
	iling Addres gistration S		<u>Street Address:</u> Registration Se	ection			
Division of Corporations		Division of Co					
P.O. Box 6327		The Centre of					
Tal	lahassee, F	L 32314	2415 N. Monro	oe Street, Suite 8	10		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIGHTNING FREIGHT LOGISTICS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	Company were filed on 11/22/2021	and assigned
Florida document number L21000499773	·	1/4/2
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	ed office address on our records, <u>enter th</u> :	ne name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	City	Zip Code

## 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>	Name	Address	Type of Action
MGR	LOUIS D CHAMORRO	10400 NW 28 AVE	<b>=</b> Add
·	-	MIAMI, FL 33147	□Remove
			\ \ \ \ \
		_	
			□Remove
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Effective date, if other than the date is listed, the date must be Note: If the date inserted in this blockdocument's effective date on the Department.	ck does not meet the appl	icable statutory tiling r	(optional) than 90 days after filing.) Po equirements, this date wil	rsuant to 605.0207 ( I not be listed as (
e record specifies a delayed effective rd is filed.	date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The 9	0th day after the
Dated December 13th	2021			
Haris	<u> </u>	·		
	ignature of a member or au	thorized representative of	a member	