

L23000097180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

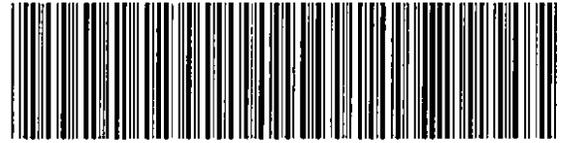
(Business Entity Name)

(Document Number)

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09/01/23--01017--012 \*\*30.00

2023 SEP -1 PM 12:30

9/17/2023

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

Freight Traffiking Transport LLC

**SUBJECT:** \_\_\_\_\_  
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:

Santonio Martin

\_\_\_\_\_  
Name of Person

Freight Traffiking Transport LLC

\_\_\_\_\_  
Firm/Company

25 E Beaver St Unit #205

\_\_\_\_\_  
Address

Jacksonville FL 32202

\_\_\_\_\_  
City/State and Zip Code

freighttrafficking@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Santonio Martin

904 431-7393

at ( \_\_\_\_\_ )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &  
Certificate of Status

\$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

\$60.00 Filing Fee,  
Certificate of Status &  
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**

2023 SEP -1 PM 12: 30

Freight Traffiking Transport LLC

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

02/23/2023

The Articles of Organization for this Limited Liability Company were filed on March 31, 2023 and assigned Florida document number L23000097180.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

25 E. Beaver St Unit# 205

**(Principal office address MUST BE A STREET ADDRESS)**

Jacksonville FL 32202

**Enter new mailing address, if applicable:**

25 E. Beaver St Unit# 205

**(Mailing address MAY BE A POST OFFICE BOX)**

Jacksonville FL 32202

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Santonio Martin

New Registered Office Address:

25 E. Beaver St Unit# 205

*Enter Florida street address*

Jacksonville

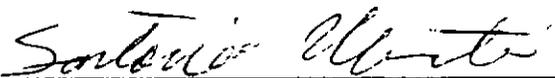
*City*

Florida 32202

*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 Changing 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Santonio Martin	25 E. Beaver St Unit# 205 Jacksonville Fl 32202	<input checked="" type="checkbox"/> Add
		1805 Mytle Ave N #1055 Jacksonville fl	<input checked="" type="checkbox"/> Remove
		10909 Horse Track Dr East Jacksonville Fl	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated August 29, 2023

*Santonio Martin*

Signature of a member or authorized representative of a member

Santonio Martin

Typed or printed name of signee