

L07000049903
Florida Department of State
Division of Corporations
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Fax Number : (850)617-6383

From: Account Name : FRANK, WEINBERG, BLACK, P.L.
Account Number : I20040000083
Phone : (954)474-8000
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CWC TRANSPORTATION, LLC

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Corporate Filing Menu

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K. SALY
MAY 15 2024

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2024 MAY 14 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CWC TRANSPORTATION, 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 05/10/2007 and assigned Florida document number L07000049903

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 "LLC."

Enter new principal offices address, if applicable: 9780 NW 115th Way
Medley, FL 33178
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 9780 NW 115th Way
Medley, FL 33178
(Mailing address MAY BE A POST OFFICE BOX)

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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 Changing Registered Agent, Signature of New Registered Agent

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

Multiple horizontal lines for amending information.

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TALLAHASSEE, FLORIDA

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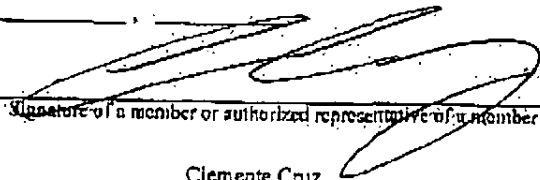
E. Effective date, if other than the date of filing: _____ (optional)

(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 May 13, 2024



Signature of a member or authorized representative of a member

Clemente Cruz

Typed or printed name of signer

Filing Fee: \$25.00

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