L12000033004

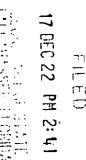
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





600306895786

12/22/17--01017--007 **25.00



S. WARREN DEC 2 6 2017

COVER LETTER

			·	•
SUBJECT:	l	13 Freight L 3 Name of Lim	ited Liability Company	·
The enclosed	Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return	all correspond	ence concerning this matter	to the following:	
	Name of Person Area Code Daytime Telephone Number heck for the following amount:			
		Vc	sil	
			Firm/Company	
		116 greenw	od Are	
			Address	
		ungn pur	City/State and Zip Code	
	-			im_
Cor fuether in	tamustian aans			ication)
roi iutulei III.	iormation conc	erning this matter, please co	air:	
Vasil	Yasile	<u> </u>	at (954) 593-4	398
	Name of Pe	rson	Area Code Daytime	: Telephone Number
Enclosed is a	check for the f	ollowing amount:		
2 \$ 25.00 Fi	ling Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO . ARTICLES OF ORGANIZATION OF

US Freight Lines ILC	
(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 and assigned	
Florida document number	
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:	
(Principal office address MUST BE A STREET ADDRESS)	_
	_
Enter new mailing address, if applicable:	4
(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	nev
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	\dashv
New Registered Office Address: Enter Florida street address	4
Criter Frortida Street (tital-ess	
, Florida, 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	h 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. Of if this document being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability	S
company has been notified in writing of this change.	
A A+ 0.01	
Valuation = =	
If Changing Registered Agent, Signature of New Registered Agent	

Page 1 of 3

MGR = M $AMBR = A$	anager uthorized Member		
Title	Name	Address	Type of Action
Managing Member	Nathalie SING	116 Greenwood Ave	Add
		Lehigh Auros Fl 33936	Remove
			© Change
			D Add
			Remove
			☐ Change
			☐ Remove
			Change
			🗆 Add
			Remove
			Change
			
			Remove
			Change
			FILE 7 DERZZ 6
		· ·	Emoye)
			D Hanne

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

f amending	any other info	rmation, en	ter chang	ge(s) here:	(Attach ada	litional shee	ets, if nec	essury.)		
		•		_						
						·	_			
					-					
			•							
			···-		···-	 	· · · · · · · · · · · · · · · · · · ·			
										
		_			-					
			<u>-</u>							
										
fan effective da Note: If the di document's ef	e, if other than the is listed, the dat ate inserted in the fective date on to becifies a del- day after the	e must be specific his block does he Departmen ayed effecti	fic and cannot meet at of State	not be prior to the applicables s records.	date of filing o e statutory fi	iling require	ments, this	tiling.) Pu s date will	l not be	listed as
Dated	Dec	19	<u> </u>	301 7						
		11.1	// ·	7				Ξ_{i}	17	
				2 ber or authoriz			ber		DEC 22	-
•		VCBi	Vac	ed or printed r	····			22.5		_;;;;
			Тур	ed or printed r	name of signer	-		11.0	₽Ħ 2:	-10
				Page 3	of 3				=	

Filing Fee: \$25.00