## L/2000064036

| (Re                     | questor's Name)   |             |
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## **COVER LETTER**

| Division of Co            |   | ,  |   |   |
|---------------------------|---|--|---|---|
| ONPOINT SUBJECT:          | Γ FREIGHT TRANZ, LLC  | ,  |   |   |
| SUBJECT:                  | Name of Lim   | ited Liability Company   |   |   |
|                           |   | 10   |   |   |
|                           | f Amendment and fee(s) are sub  |  |   |   |
| Please return all corresp | ondence concerning this matter  | to the following:  |   |   |
|                           | MARIA NUNEZ   |  |   |   |
|                           |   | Name of Person   |   |   |
|                           | ONPOINT FREIGHT TRA   | ANZ, LLC   |   |   |
|                           |   | Firm/Company   |   |   |
|                           | 7544 SW 157TH COURT   |  |   | <u> -</u> = = = = = = = = = = = = = = = = = = |
|                           | <del></del>   | Address  |   | 16 AUG  |
|                           | MIAMI, FL 33193   |  |   | ©   |
|                           | DAKOTATAN OCHANI  | City/State and Zip Code  |   | = 0   |
|                           | DAKOTATAX@GMAIL.C<br>E-mail address: (  | to be used for future annual report notif  | ication)  |   |
| For further information   | concerning this matter, please c  | all:   |   | 21  |
| MARIA NUNEZ               |   | 904 7725832  |   |   |
| Namo                      | of Person   | at ()  | 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 I<br>Certificate of<br>Certified Cop<br>(additional copy | Status &<br>y                                 |
| Regi<br>Divi<br>P.O.      | LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, FL 32314 | STREET/COURI<br>Registration Section<br>Division of Corporn<br>Clifton Building<br>2661 Executive Ce<br>Tallahassee, FL 32 | n<br>ations<br>nter Circle  |   |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ONPOINT FREIGHT TRANZ, LL  |   |  |                         |               |              |
|--|---|--|-------------------------|---------------|--------------|
| (Name of the Limi  | ted Liability Compa<br>(A Florida Limited | any as it now appears on our<br>Liability Company) | records.)               |               |              |
| The Articles of Organization for this Limited L                                      | iability Company                          | were filed on $\frac{05/11/2012}{}$                |                         | _ and assig   | ned          |
| Florida document number L12000064036   | •   |  |                         |               |              |
| This amendment is submitted to amend the following                                   | lowing:                                   |  |                         |               |              |
| A. If amending name, enter the new name o  | of the limited liab                       | oility company here:                               |                         |               |              |
| The new name must be distinguishable and contain the                                 | words "Limited Liabi                      | lity Company " the designation                     | n "I I ("" or the abbre | viation "L.I- | <u> </u>     |
| Enter new principal offices address, if applic                                       |   | 7544 SW 157 CT                                     | Lee of the above        | 16 5          | 연<br>·설      |
| (Principal office address MUST BE A STREI  | ET ADDRESS)                               | MIAMI, FL 33193                                    |                         | 6             |              |
|  |   |  |                         | 2             | 空造           |
|  |   |  |                         | 量             | -77          |
| Enter new mailing address, if applicable:  |   | 7544 SW 157 CT                                     |                         | 票             | 10.27        |
| Mailing address MAY BE A POST OFFICE   | BOX)                                      | MIAMI, FL 33193                                    |                         |               | <del> </del> |
|  | <del></del>                               |  |                         |               |              |
| B. If amending the registered agent and registered agent and/or the new registered o |   |  | ecords, <u>enter th</u> | e name of     | the ne       |
| Name of New Registered Agent:  | NELLY COUT                                | TO ALMEIDA   |                         |               |              |
| New Registered Office Address:   | 13501 SW 128                              | TH STREET SUITE 217                                |                         |               |              |
|  |   | Enter Florida street                               | address                 |               |              |
|  | MIAMI                                     |  | , Florida               | i             |              |
|  |   | 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 Begistered 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>           | Type of Action        |
|--------------|-----------------|--------------------------|-----------------------|
| MGR          | JOSE PEREZ      | 1791 HIDEAWAY HILL COURT | □ Add                 |
|              |                 | MIDDLEBURG, FL 32068     | ■ Remove              |
|              |                 |                          | Change                |
| MGR          | CHANTEL PARSONS | 1791 HIDEAWAY HILL COURT |                       |
|              |                 | MIDDLEBURG, FL 32068     | ■ Remove              |
|              |                 |                          | □ Change              |
|              |                 | <del></del>              | □ <mark>∰</mark> dd ; |
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| ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to tote:  If the date inserted in this block does not meet the application occument's effective date on the Department of State's records. | (optional) o date of filing or more than 90 days after filing.) Pursuant to 605.020 ble statutory filing requirements, this date will not be listed as |
| e record specifies a delayed effective date, but not<br>The 90th day after the record is filed.   | an effective time, at 12:01 a.m. on the earlier o  |
| ated AUGUST I 2016  | _·   |
|   |  |
| Mary nonly  | rized representative of a member   |

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Filing Fee: \$25.00