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EXAMINER



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SECRETARY OF STATE
TALLAHASSEF FLORIDA

COVER LETTER

TO:	Registration Sect Division of Corpo				
SUBJE	CCT:	Carriers	s Compete, Ilc		
			ted Liability Company		
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please	return all correspond	lence concerning this matter	to the following:		
		ls	ham W. Alexander, II	1	
			Name of Person		
Freight Lead Source, Ilc					<u></u>
			Firm/Company		
	1366 80th Street S.				
			Address		
		St.	Petersburg, FL 3370	7	
			City/State and Zip Code		
		E-mail address: (t	@freightleadsource.co	ort notification)	_
For fur	ther information con	cerning this matter, please c	all:		
		. Alexander, III	at (404)	550-0087	
	Name of P	erson	Area Code &	Daytime Telephone Nur	nber
Enclose	ed 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 en	Certi nclosed) Certi	Filing Fee, ficate of Status & fied Copy tional copy is enclosed)
	Registrati	G ADDRESS: on Section of Corporations 6327	Registration	Corporations	S:

Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C	arriers Compete, IIc		
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now apported Limited Liability Compan	ears on our records.)	
The Articles of Organization for this Limited Liabi		August 21st, 2012	_ and assigned
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liability company l	here:	
Fr	eight Lead Source, llc		
The new name must be distinguishable and end with the	ne words "Limited Liability Con	npany," the designation "LL	C" or the abbreviation
"L.L.C."			를
Enter new principal offices address, if applicable	e:		<u> </u>
(Principal office address MUST BE A STREET A	ADDRESS)	<u>_</u>	> T
		, , , , , , , , , , , , , , , , , , ,	
		<u>:</u>	
Enter new mailing address, if applicable:			S S C
(Mailing address MAY BE A POST OFFICE BO	<u></u>		ਜ਼ ਹ
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	e address here:		
	Enter Florida street address , Florida		
-	City	, 1 1011044	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

<u>itle</u>	<u>Name</u>	Address	Type of Action
_			Add Remove
			Add Remove
			Add Remove
. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
_			- -
ated	,		_
	-	n W. Alexander, III	

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Filing Fee: \$25.00