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## **COVER LETTER**

TO:

Registration Section

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

P.O. Box 6327

Division of Corp	orations		
SUBJECT:	Freedom Los Name of Limi	istics USA LL ted Liability Company	<u>C</u>
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Peter T	D: Selvo Name of Person	
	D; Salve	S And Company Firm/Company	P.A.
·	900 2011	Address	8
	Vero Beac	h FL 32960	
	disalvo cpa E-mail address: (1	h FL 32960 City/State and Zip Code Denythlink. med to be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca		
Peter D: Sc Name of	. VO Person	at (772) 776 Area Code Daytim	- 6008 e Telephone Number
Enclosed is a check for th			
\$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)

\* NAME CHANGE ONLY X

STREET/COURIER ADDRESS:

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Freedom Logis	tics USA,	LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our bility Company)	r records.)		
The Articles of Organization for this Limited Liability Company w	vere filed on	129/12	and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability freedom. The terret.  The new name must be distinguishable and end with the words "Limited Liability freedom."		ion "ISLE" 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:  (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office address here:		records, ente	r the name	of the new
Name of New Registered Agent:			\$35 	
New Registered Office Address:				
	Enter Florida stre			
	City	, Florida _	Zip Code	****
New Registered Agent's Signature, if changing Registered Agent:	•		<u> </u>	

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			Add
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		. ,	Remove
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			Add
		<del></del>	□ Remove
	,		
			□ Add
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ctive date, if other than the date of filing:  [fective date must be specific, cannot be provided to the of receipt or filed date.]	(optional) and cannot be more than 90 days after
ffective date must be specific, cannot be prior to one of receipt or filed had not this document is filed by the Florida Department of States	(optional) and cannot be more than 90 days after
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ffective date must be specific, cannot be provided to object freceipt or filed and interthis document is filed by the Florida Department of States	(optional) and cannot be more than 90 days after

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