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COVER LETTER

Division of Corporations
SUBJECT: Half Rate Freight LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rene Sosa Name of Person
Halfrate Freignt.
6881 College Ct
Davie F 3331) City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call: Close
Englosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

Half Kate 7	-reignT LL		
(<u>Name of the Limited Liability</u> (A Florida I	Company ad it now appears on o Limited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Confided document number 400001467 LIYOOOOIY67 This amendment is submitted to amend the following:	ompany were filed on OI C	3 3014 and assigned	
A. If amending name, enter the new name of the limi	ted liability company here:		
The new name must be distinguishable and end with the wor"L.L.C."	ds "Limited Liability Company," th	e designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		<u>20 4</u>	
(Principal office address MUST BE A STREET ADDR	ESS)	278 C	
		10.20	
		ω	
Enter new mailing address, if applicable:		- - -	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our re ess here:	cords, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	Enter Florida street address	
	Citv	_, Florida Zip Code	
	Cuy	гір Сойе	

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

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>ugrm</u>	Rene Sosa	6881 Collège ct	Add
		Davie FI 33317	
MER	Joann Wgo	6881 College CT Davie Fl 33317	Add
		Davie Fl 33317	Remove
			Add
		- 	Remove
		\$2.50 \$2.50	Add Ty
			Remove
		1 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Remove 72 72 72 72 Add
			Remove
			Add
			Remove

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Change title only of managers
tor Bank purposes.
Effective date, if other than the date of filing:
rated 7 January, 2014.
Signature of a member or authorized representative of a member
Rene Sosa MGRM Typed or printed name of signee
Page 3 of 3

Filing Fee: \$25.00

2014 JAN 13 PM 12: 5