

L14 0000051258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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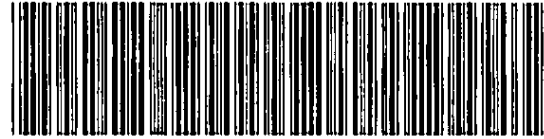
(Business Entity Name)

(Document Number)

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A. RIVERS

JAN 14

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FREIGHT TREES 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:

graziella ghini

\_\_\_\_\_  
Name of Person

SOLUTIONS FOR SMALL BUSINESS LLC

\_\_\_\_\_  
Firm/Company

Miami

\_\_\_\_\_  
Address

miami, FL 33186

\_\_\_\_\_  
City/State and Zip Code

S4SBLLC@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GRAZIELLA GHINI

305 2813027  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime 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 Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FREIGHT TREES LLC

(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 03/27/2014 and assigned  
Florida document number L14000051258.

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:**

**(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 new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

, 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 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 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>	<u>Type of Action</u>
MGR	BARRETT, FLOYD F	12361 SW 128TH CT	<input type="checkbox"/> Add
		SUITE 205	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33186	<input type="checkbox"/> Change
MGR	CAMPBELL, JEHEVERE G	12361 SW 128TH CT	<input type="checkbox"/> Add
		SUITE 205	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33186	<input type="checkbox"/> Change
MGR	CAMPBELL, JHEVERE G	12361 SW 128TH CT	<input checked="" type="checkbox"/> Add
		SUITE 205	<input type="checkbox"/> Remove
		MIAMI, FL 33186	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and **Note:** If the date inserted in this block does not match the document's effective date on the Department of S

\_\_\_\_\_ (optional)  
more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
ing requirements, this date will not be listed as the

If the record specifies a delayed effective date, but no record is filed.

1. on the earlier of: (b) The 90th day after the

DECEMBER, 08  
Dated

2021

  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

FLOYD BARRETT

Typed or printed name of signee