L14000058921

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MAY 07.2014 J. BRUCE

COVER LETTER

TO: Registration Son Division of Con		
SUBJECT: Efrei	ght Solutions LLC	
	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
	ondence concerning this matter to the following:	
	TJ Barett	
	Name of Person	
	E Freight Solutions	
	Firm/Company	
	5030 Champion Blvd., G11	
	Address	
	Boca Raton, Florida 33496	THE STATE OF THE S
	City/State and Zip Code	700
	arthurfrank@aol.com	- 35 <u>-</u> F
	E-mail address: (to be used for future annual report notification)	
For further information of	oncerning this matter, please call:	
TJ Barett	_{at} 561, 998-2872	1:37 SIME SIME
Name o	f Person Area Code Daytime Telephone Number	<u></u>
Enclosed is a check for t	he following amount:	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Fil Certificate of Status Certified Copy Certificat	ing Fee, e of Status &

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Efreight Solutions LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company lorida document number L14000058921	were filed on 4/10/2014	and assigned
This amendment is submitted to amend the following:		
If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
Electronic Freight Forwarding Solutions, LLC		
he new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the	e abbreviation "L,L,C."
nter new principal offices address, if applicable:	.5030 Champion Blvd., G11	
Principal office address MUST BE A STREET ADDRESS)	Boca Raton, Florida 33496	72. 25
		12
nter new mailing address, if applicable:	5030 Champion Blvd., G11	TO P
<u> Aailing address MAY BE A POST OFFICE BOX)</u>	Boca Raton, Florida 33496	22 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	·	17,
If amending the registered agent and/or registered of gistered agent and/or the new registered office address her		r the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	Cuy	Zip Coae

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
			Add
			Remove
			
			Add
			□ Remove
			
			□ Add
			□ Remove
			Remove
			D-Add P
			PAdd P
			ें _{दे}
			☐ Remove

D. If am	nending any other information, enter change((s) here: (Attach additional sheets,	if necessary.)
	In original articles of organiza	ation, two mailing addre	esses are
	listed which are totally inco	rrectand should not	be listed;
	301 Yamato Road, and PO Bo	ox 811804 are not corre	ect. Please
·	replace both addresses with 503	0 Champion Blvd., G11 E	Boca Raton
•	Florida 33496		
(The eff	ctive date, if other than the date of filing: 4/ effective date must be specific, cannot be prior to date of reclate this document is filed by the Florida Department of State		(optional) 0 days after
Dated	April 28)14	
- ••••	Jan Jan	or authorized representative of a member	
	TJ Barett	,	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

2014 HAY -1 PH 1:37