L14600 117051

(Re	equestor's Name)	
. (Ad	Idress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800262368618

07/29/14--01012--017 **25.00

14 JUL 29 AN 9: 37

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEA Fr	ight LLC	
(<u>Name of the Limited Li</u> (A Fi	ability/Company as it now appears on our recor forida Limited Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liabili	ity Company were filed on	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	ht LLC	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	0	ro
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our record address here:	ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
	· · · · · · · · · · · · · · · · · · ·	lorida
	City	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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager Luthorized Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
		 	
			□ Add
			Add
			□ Remove
	- And Principles		
			☐ Remove
		/	
		_/	
			☐ Remove
-			Remove

•	
Effective date, if other than the date of filing:	: (optional)
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	e of receipt or filed date and cannot be more than 90 days after
(The effective date must be specific, cannot be prior to date	e of receipt or filed date and cannot be more than 90 days after
(The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	e of receipt or filed date and cannot be more than 90 days after
(The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department Dated	e of receipt or filed date and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00