

Office Use Only



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TALLAHASSE OF STATE

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: NEW	GENERA-HION Name of Lim	TENTER FUINME	ent, LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	<u>Mashe</u>	er Walters Name of Person	
		Firm/Company	
	8130 SW.	Rol 3 C.T Address	
	North Lau	City/State and Zip Code ON O Gmail. Control to be used for future annual report notions.	3 <i>068</i>
	EN GEE dad E-mail address: (ON G Gmail. Co	fication)
For further information c	oncerning this matter, please ca	ail:	
Nasheer Name o	Walters Person	at (<u>954)</u> <u>S16</u> Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	Entertain ment y as it now appears on our records.) ability Company)	1,46
The Articles of Organization for this Limited Liability Company v Florida document number 4400017107.7	were filed on $\frac{11-3-14}{2}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil South Gate Freight, LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	y 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)	8130 SW 32 North Lundo Klorido , 33	od CT volole 3068
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8130 SW3Rd (North London Florida, 33	CT duk 068
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		or the name of the new A_{S_1} : 28
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	APR 13 AL
	, Florida	Sty Cotts
New Registered Agent's Signature, if changing Registered Agent:		50 104

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>	Address	Type of Action
AMBR	Keisha Walters	8130 SW 3 CT N. LAUDER DA-16 PL 33 068	€ D'Add
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fan effective date is listed Note: If the date insert document's effective da	ed in this block does not re te on the Department of S	nd cannot be prior to date of f rneet the applicable statut State's records.	(optiling or more than 90 days after ory filing requirements, the ective time, at 12:01	is date will not b	e listed as
	er the record is filed.		serve enne, de 12.01	diff. Off the	corner or
Dated	· · · · · · · · · · · · · · · · · · ·	.,			
	Signature of a	member or authorized repre	sentative of a member		
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Filing Fee: \$25.00