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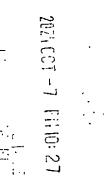
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PICK-UP WAIT MA	IL
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

	egistration Se ivision of Cor						
SUBJECT		FREIGHT FORWARDING,	LLC				
SUBJECT	· <u>-</u>	Name of Lim	ited Liability Company				
The enclose	ed Articles of	Amendment and fee(s) are sub	emitted for filing.				
Please retur	m all correspo	ndence concerning this matter	to the following:				
		CHRISTINE S. LADWIG					
			Name of Person				
		DUNLAP & SHIPMAN, I	P.A.				
			Firm/Company	<del></del>			
		2063 S COUNTY HWY 3	95				
			Address				
		SANTA ROSA BEACH, I	FL 32459				
		CHRISTINE@DUNLAPSI	City/State and Zip Code -HPMAN.COM				
			to be used for future annual report noti	fication)			
For further	information co	oncerning this matter, please ca	all:				
CHRISTIN	E S LADWIC	ì	850 231-3315 at ( )				
	Name of	Person		e Telephone Number			
Enclosed is	a check for th	e 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)			
	ailing Address		Street Address:				
Registration Section Division of Corporations			Registration Section Division of Corporations				
	O. Box 632		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRACKER FREIGHT FORWARDI	•		2024 CCT -7 Filin: 27
( <u>Name of the Limite</u> )	<u>d Liability Compa</u> A Florida Limited I	ny as it now appears o Liability Company)	n our records.)
The Articles of Organization for this Limited Lia Florida document number			
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here	:
N/A			
The new name must be distinguishable and contain the wo	rds "Limited Liabil	lity Company," the desig	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	420 W SHIPWRE	CK RD
(Principal office address MUST BE A STREET ADDRESS)		SANTA ROSA BI	EACH, FL 32459
Enter new mailing address, if applicable:		420 W SHIPWRE	CK RD
Mailing address MAY BE A POST OFFICE B	OX)	SANTA ROSA BI	EACH, FL 32459
-			
B. If amending the registered agent and/or registered office address		address on our reco	ords, enter the name of the new registered
Name of New Registered Agent:	DUNLAP & SHIPMAN, P.A.		
New Registered Office Address:	2063 S COUNT	TY HWY 395	
		Enter Florida	street address
	SANTA ROSA	ВЕАСН	, Florida
		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 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
MGR	BRYAN CUFF	420 W SHIPWRECK RD	□Add
		SANTA ROSA BEACH, FL 32459	□Remove
			<b>■</b> Change
MGR	MELANIE CUFF	420 W SHIPWRECK RD	
		SANTA ROSA BEACH, FL 32459	□Remove
			<b>□</b> Change
-		<del></del>	
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an effective date lote: If the dat	if other than the is listed, the date must be inserted in this blocative date on the De	t be specific and ock does not m	l cannot be pric neet the appli	icable statutor	ng or more than y filing requir	(option 90 days after file ements, this d	al) ling.) Pursuant to late will not be	605.0207 listed as
record specific l is filed.	s a delayed effective	date, but not	an effective	time, at 12:01	a.m. on the e	arlier of: (b)	The 90th day a	ifter the
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		Signature of a r	nember or aut	drized represe	ntative of a me	nber		-
		3.B	· · · · · · · · · · · · · · · · · · ·	Y				

Filing Fee: \$25.00