## L15000171925

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE
TALLAHASSEE FIORING

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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT:		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		<u>رب</u> ،
JEH RUBIN		el] HAY
Name of Person	- Wash	22
IFQ		7
Firm/Company	73. 22.	b: 17
OBEN 2421. GRANDA AVE #-3	- -	ï
Vero Beach L 32960 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)	es. C	om
For further information concerning this matter, please call:		
Name of Person at (702) 338-4620  Area Code Daytime Telephone Number	<del></del>	
Enclosed is a check for the following amount:		
(additional copy is enclosed) Certifie	ate of Stat	tus &

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



May 5, 2017

JEFF RUBIN 244 GRANDA AVE #3 VERO BEACH, FL 32960

SUBJECT: INSTANT FREIGHT QUOTES LLC

Ref. Number: L15000171925

We have received your document for INSTANT FREIGHT QUOTES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 917A00008965

SECKETARY OF STATE

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Instant Freig		y as it now appears on clability Company)	our records.)		
The Articles of Organization for this Limited Lia Florida document number LLS000 17 10	bility Company		1 1	and assigned	i
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of	the limited liabi	lity company here:			
The new name must be distinguishable and contain the wo	rds "Limited Liabili	ty Company," the designa	ation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applica	ble:	JEH 1	RUBIN		
(Principal office address MUST BE A STREET	ADDRESS)	2421	GRANDA.	Avent 3	
Enter new mailing address, if applicable:		Veni	Beach	TAN 22	# £/
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>				<u>}</u>
B. If amending the registered agent and/o registered agent and/or the new registered offi			records, enter	the name of the	ie new
Name of New Registered Agent:		EFF RUBIT	)		
New Registered Office Address:	2421	Granon 1	twe #3		
	Vero F	Enter Florida st. ) DeuM	reet address , Florida _	32960.	
		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

Title **Address Type of Action** AVI, LAS Viens NV □ Add Remove ☐ Change Mbk Kevin Kerry □ Add Ven Beau Th 32960 ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Kemove ☐ Change

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an effec ote: If ocumer	tive date, if other than the date of filing:  (option tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after for the date inserted in this block does not meet the applicable statutory filing requirements, this ent's effective date on the Department of State's records.	iling.) Pursuant to 605.0207 date will not be listed as
	Oth day after the record is filed.	
ated	MAY 17 2017	
	GII RI	Ā <sub>s</sub> ≥
	Signature of a member or authorized representative of a member	
		新
	TEHRACY RUBIN.  Typed or printed name of signee	SSS 22
	y syped or printed name of signee	ang <b>≩ Im</b>
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	Page 3 of 3	II: 03
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Filing Fee: \$25.00