

1/13/2021

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : AB ALL SERVICES INC  
 Account Number : I20200000155  
 Phone : (305)882-1238  
 Fax Number : (305)882-1260

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 STATE OF FLORIDA  
 DIVISION OF CORPORATIONS

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 LEADING PROPERTY INVESTMENTS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

JAN 14 2021  
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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

LEADING PROPERTY INVESTMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/27/2016 and assigned Florida document number L16000018676.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FREIGHT CONCIERGE LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "LLC."

Enter new principal offices address, if applicable:

847 NE COLVIN AVENUE

(Principal office address MUST BE A STREET ADDRESS)

LAKE CITY, FL 32055

Enter new mailing address, if applicable:

847 NE COLVIN AVENUE

(Mailing address MAY BE A POST OFFICE BOX)

LAKE CITY, FL 32055

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TALLAHASSEE

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

NICOLAS GARCIA JR

New Registered Office Address:

3211 NW 20TH STREET

Enter Florida street address

MIAMI

City

Florida 33142

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>	<u>Address</u>	<u>Type of Action</u>
MGR	NICOLAS GARCIA JR	3211 NW 20TH STREET, MIAMI, FL 33142	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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