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H210000172933ABCZ

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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

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

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Page Count	01
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COVER LETTER

	egistration Sec Ivision of Corp					
eun lece		PROPERTY INVESTMENTS	LLC			
SUBJECT	:	Name of Limi	ted Liability	Company		
The enclos	ed Articles of A	Amendment and fee(s) are subr	nitted for t	iling.		
Please retu	m all correspo	ndence concerning this matter t	o the follo	wing:		
		GINA ROCHA				
			Name	of Person		
		AB ALL SERVICES INC				
		_ 	Firm	Company		
		1100 WEST 29TH STREE	T			
			A	dúresa		
		HIALEAH, FL 33012				
			City/State	and Zip Code		
		ab1100@yahoo.com				
		E-mail address: (1	o be used fo	r fulure annual report not	ification)	
For further	information co	oncerning this matter, please ca	dl:			
GINA RO	CHA) 14	305 882-1238		
	Name of	ГРегвол			ne Telephone Number	
Enclosed is	s a check for th	e following amount:				
岩 \$25.00) Filing Fcc	S30.00 Filing Fee & Certificate of Status	Cer	00 Filing Fee & filed Copy (lional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enc	
R D P	egistration 5 livision of C O. Box 632 allahassee, I	Section orporations 7		Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Tallahassee pe Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEADING PROPERTY INVESTME (Name of the United		iny 24 It now appears on our re Liability Company)	cords.)			
The Articles of Organization for this Limited Lia Florida document number L16000018676				_ and assi	gned	
This amendment is submitted to amend the follow	ving;					
A. If amending name, enter the new name of	t <u>he</u> limited li <u>ab</u>	ility company here:				
FREIGHT CONCIERGE LLC						
The new name must be distinguishable and contain the wo	rds "Limited Linbi	lity Company," the designation "	'LLC" or the abbro	eviation "L.I	J.C."	
Enter new principal offices address, if applica	hie:	847 NE COLVIN AVENU)E			
(Principal office address MUST BE A STREET		LAKE CITY, FL 32055		-1. E	220	
Tarricipal Office water cool accounts to	10007					
Enter new mailing address, if applicable:		847 NE COLVIN AVENU	JE P	W / 3	J.	
(Mailing address MAY BE A POST OFFICE B	OX)	LAKE CITY, FL 32055	j c	Æ,	977	
(172 marge address) (172 marge)	<u> </u>			:::		
B. If amending the registered agent and/or re agent and/or the new registered office address		address on our records, <u>e</u>		of the new	<u>registerci</u>	
Name of New Registered Agent:	NICOLAS GA	RCIA JR				
New Registered Office Address:	3211 NW 20TI	H STREET				
New Neglatered Office Flading.	Enter Florida street address					
	MIAMI		, Florida ³³¹⁴	2		
		City		Zip Code		
New Registered Agent's Signature, if changing R	egistered Agent	<u>i</u>				
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registeing filed to merely reflect a change in the recompany has been notified in writing of this company has	r and complete tered agent as egistered office	e performance of my dutie provided for in Chapter 6	s, and I am fai 505, F.S. Or, if	miliar wit Tthis docu	h and ment is	

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	Name	Address	Type of Action
MGR	NICOLAS GARCIA JR	3211 NW 20TH STREET, MIAMI, FL 33142	= Add
			□Remove
	•		Change
			🗆 Add
			□ Remove
			Change
			□Remove
			Change
			DAdd
			□Reinove
			Change
			□Add
			□ Reinove
			□ Change
			🗆 Remove
			Chance

. If amend	ling any other information, enter change(s) here: (Attoch additional sheets, if necessary.)
_	
	10/21
(If an effect Note: If	date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to late of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the t's effective date on the Department of State's records.
the record stord is	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	3/2021
	Signature of a member or authorized representative of a member
	MEMBER Typed or printed name of signee

Filing Fee: \$25.00