Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : AB ALL SERVICES INC Account Number : 120200000155 Phone : (305)882-1238 Fax Number : (305)882-1260 | | Doing so will generate another cover sheet. | 202 St |
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| **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** | | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FREIGHT CONCIERGE LLC

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Corporate Filing Menu

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| * | | COVER LETTER | \$ | | |
|--|---|--|------------------|--|---|
| TO: Registration Se Division of Cor | ction porations | | | | |
| | CONCIERGE LLC | | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | | |
| The enclosed Articles of | Amendment and fec(s) are sub | mitted for filing. | | | |
| Please return all correspo | ndence concerning this matter | to the following: | | | |
| | GINA ROCHA | | | 53 | |
| | | Name of Person | | 2021 G § G | |
| | AB ALL SERVICES | | | | T |
| | | Firm/Company | | | - |
| | 1100 WEST 29TH STREE | ET STE C | | 2021 JAN IL PH L: 50 SECKETARY OF STAT TALLAHASSEE, FL | |
| | | Address | | ST ST | 6 |
| | HIALEAH, FL 33012 | | | 50 FL FL | |
| | | City/State and Zip Code | | | |
| | AB1100@YAHQQ.COM | to be used for future annual report notifi | cation) | | |
| For further information of | oncerning this matter, please c | | e di ini | | |
| GINA ROCHA | onecining into matter, presser | 305 882-1238 | | | |
| Name o | f Person | Area Code Daytime | Telephone Number | <u> </u> | |
| Enclosed is a check for the | he following amount: | | | | |
| ■ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | te of Status & | |
| Malline Addres | 19: | Street Address: | | | |

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FREIGHT CONCIERGE LLC | | |
|---|--|--|
| (Name of the Limited Liability Comp (A Florida Limited | any as it now spicers on our Liability Company) | records.) |
| The Articles of Organization for this Limited Liability Compan | y 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 lia | bility company here: | |
| | | 207 |
| The new name must be distinguishable and contain the words "Limited Liab | oility Company," the designation | a "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | Z = |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | SS OF P |
| | | May # |
| Enter new mailing address, if applicable: | | FAT 50 |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, | enter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida ştree. | t addrevs |
| | | |
| | City | Zip Cods |
| New Registered Agent's Signature, if changing Registered Agen | <u>t:</u> | |
| | | c. I final an among to commit with the |

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 | <u>Name</u> | Address | Type of Action |
|-------|-------------------|---------------------------------|--------------------|
| MGR | ZADY GARCIA | 3151 SW 4TH ST, MIAMI, FL 33135 | □Add |
| | | | =Remove |
| | | | ☐ Change |
| MGR | ENNIS O GARCIA | 3151 SW 4TH ST, MIAMI, FL 33135 | 2021 4 SECUTION |
| | | | Remove |
| | | | SSE STA |
| MGR | NICOLAS GARCIA JR | 3151 SW 4TH ST, MIAMI, FL 33135 | TATE DANG |
| | | | =Remove |
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| 1/19/2021 | (tial) | |
| Effective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot be prior to date of filing or more the Note: If the date inserted in this block does not meet the applicable statutory filing requ | optional) on 90 days after filing.) F | Pursuant to 605.0207 |
| Note: If the date inserted in this block does not meet the appreadic statutory thing required document's effective date on the Department of State's records. | mements, and the w | THE HOL CO HOISE NO |
| and the second s | estion of (b). The | 90th day after the |
| e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the rd is filed. | realist of (v) | Join day arter me |
| 1/4 2021 | | |
| Dated | | |
| Signature of a member or authorized representative of a n | neinber | |
| MBR | | |

Filing Fee: \$25.00