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## **COVER LETTER**

TO: Registrat Division	on Section f Corporations
AIRE	ORNE FREIGHT & CARGO SERVICES, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Artic	es of Amendment and fee(s) are submitted for filing.
Please return all co	respondence concerning this matter to the following:
Division of Corporations  AIRBORNE FREIGHT & CARGO SERVICES, LLC SUBJECT:	
	Name of Person
	AIRBORNE FREIGHT & CARGO SERVICES, LLC
	Firm/Company
	4503 NW 103RD AVE #101
	Address
	SUNRISE, FL 33351
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further informa	tion concerning this matter, please call:
KEVIN BROWN	954 802 7074 at (
]	ame of Person Area Code Daytime Telephone Number
Enclosed is a chec	for the following amount:
<b>■</b> \$25.00 Filing	Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AIRBORNE FREIGHT & CARGO SERVICES, LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on AUGUST 16, 2016	and assigned
Florida document number L16000115010		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4503 NW 103RD AVENUE #101	
(Principal office address MUST BE A STREET ADDRESS)	SUNRISE, FL 33351	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	4503 NW 103RD AVENUE #101 SUNRISE, FL 33351	
B. If amending the registered agent and/or registered o		er the name of the
egistered agent and/or the new registered office address her	<u>e</u> :	<b>ਰ</b>
Name of New Registered Agent:		\$ 5
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby a cept 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
AMBR	SANDY CHAI CHANG	9322 NW 9TH PL	■ Add
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fective date, if other than the date of filing: $\frac{08/16/2016}{1}$	(optional)	
n effective date is listed, the date must be specific and cannot be prior to tee: If the date inserted in this block does not meet the applica cument's effective date on the Department of State's records.	to date of filing or more than 90 days after filing.) Pursuan	nt to 605.02 t be listed
record specifies a delayed effective date, but not The 90th day after the record is filed.	t an effective time, at 12:01 a.m. on the	earlier
ated AUGUST 16		

Page 3 of 3

Filing Fee: \$25.00