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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BEST VISION ACCOUNTING

Account Number : I20150000091 : (305)220-9616 Phone

Fax Number : (305)220-9617

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 AMERICAN DREAM FREIGHT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT CONTROL OF THE 37 TO ARTICLES OF ORGANIZATION OF

AMERICAN DREAM FREIGH	•		
(Name of the Li	Mited Liability Comp (A Florida Limited	Ruy as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited	Liability Company	y were filed on JULY 10, 2017	and assigned
Florida document number L17000147546	··		
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	of the limited list	bility company here:	
The new name must be distinguishable and contain the	e words "Limited Liabi	ility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		4933 SW 127 PL	
(Principal office address MUST BE A STREET ADDRESS)		MIAMI, FL 33175	
Enter new mailing address, If applicable:		4933 SW 127 PL	
Mailing address MAY BE A POST OFFIC	E BOX)	MIAMI, FL 33175	
B. If amending the registered agent and/or		address on our records, enter the p	name of the new regist
gent and/or the new registered office addi	ess nere:		
gent and/or the new registered office addr Name of New Registered Agent:	ELEANE GON	ZALEZ	
	 	L.	
	ELEANE GON		

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 confirmation 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>	Name	Address	Type of Action
MGR	YIPSI MARTIN	4262 SW 159 AVE	🗀 Add
		MIAMI, FL 33185	≅Remove
			OChange
MGR	ELEANE GONZALEZ	4933 SW 127 PL	
		MIAMI, FL 33185	Remove
			Change
			
	,		□Remove
			Change
			□Remove
			Change
			□ Remove
			□ Change
			□Add
			□Remove
			□Change

_	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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114712.	e date, if other than the date of filing:	nt to 605,0207 (3) t be listed as the
the record stord is	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th d	lay after the
_,	9/2/222	
	(1 c 1 - 1 - 	
Dated		
Dated	Signature of a member or authorized representative of a member	