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(Re	questor's Name)	
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SECRETARY OF STATE

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COVER LETTER

	egistration Se ivision of Cor			
		SKY LOGISTIC & RENTA	LS, LLC	
SUBJECT	`i	Name of Lin	nited Liability Company	
The enclos	ed Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		GUSTAVO PEREZ		
			Name of Person	
		FREEDOM SKY LOGIS	TIC & RENTALS, LLC	
			Firm/Company	-
		6318 LYNN ROAD		
			Address	· · · · · · · · · · · · · · · · · · ·
		TAMPA, FLORIDA 3362	25	
		 	City/State and Zip Code	
		PEREZPEREZ27.GO@C	SMAIL.COM to be used for future annual report notific	
For further	information ec	oncerning this matter, please ca	·	canony
GUSTAVO			813 323 2748	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for the	e following amount:		
□ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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

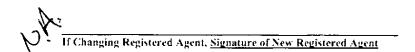
ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FREEDOM SKY LOGISTIC & RENTALS, 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 10/16/2017 and assigned Florida document number L17000214476 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FREEDOM SKY LOGISTIC, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.C." or the abbreviation "L.L.C." SAME Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address , Florida

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.

City



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 = A	uthorized Member			
<u>Title</u>	<u>Name</u>	7/1/8	Address	Type of Action
				☐ Remove
				Change
				□ Add
			-	Remove
				Change
	*			
				□ Remove
				SECONDA CHARACTER
				SSEE FLORINGE
				O - O Romove
				□ Change
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Sective date, if other than the effective date is listed, the date in this sument's effective date on the	block does not n	neet the applica	able statutory	or more than 90 di filing requireme	(optional) ays after filing.) l nts, this date w	Pursuant to 605.02 ill not be listed:
record specifies a delayon the 90th day after the re	ed effective of cord is filed.	late, but no	t an effecti	ve time, at 12	2:01 a.m. o	n the earlier
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-		Jul	tavo	(2)	2	
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Filing Fee: \$25.00