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Division of Corporations

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To:

Division of Corporations

Fax Number : (850)517-6383

Erom:

Account Name : TAXLEAF.COM INC Account Number : 120140000084 Phone : (305)541-3980 Fax Number : (888)772-8108

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Cill at 1 1	AUDITESS:	

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August 15, 2019

FLORIDA DEPARTMENT OF STATE Division of Corporations

SNS FREIGHT LOGISTICS LLC 6115 HARTFORD ST TAMPA, FL 33619US

SUBJECT: SNS FREIGHT LOGISTICS LLC

REF: L18000077103

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

This fax audit sheet (dated for December 26, 2018) is already filed. Please generate a new fax sheet and resend the name change amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II FAX Aud. #: H18000363879 Letter Number: 219A00016888

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SNS FREIGHT LOGISTICS LLC		Andreas and the second second second
(Name of the Limited Liability Camp (A Florida Limited	nany as it now inpocars on our records.) Limbility Company)	
The Articles of Organization for this Limited Liability Compari	y were filed on MARCH 26TH, 2018	and assigned
Florida document number 1.18000077103		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	thility company here:	
LIGHTNING ENTERPRISES LOGISTICS LLĆ		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the	dibreviation "L L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	No. we displayed as a second s	2019
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
infanting bady can rate 1722		<u> </u>
	 -	
B. If amending the registered agent and/or registered	office address on our records, ente	r the namecof the new
registered agent and/or the new registered office address h	ere:	24
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Planda street address	
	Florida	Charles In
	Cuy	Zip Code

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.

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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the record specifies a delayed effective date, but The 90th day after the record is filed.	not an effective	time, at 12:01 a	a.m. on the	e earlier of
Dated JUNE 2STH 2019	12/2			

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