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S. YOUNG

## **COVER LETTER** »

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Cor	porations			
	FREIGHT ON WE'ELL	S, LLC		
SUBJECT:	Name of Liv	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		GUSTAVO MOZO		
		Name of Vorsign		18 D
		Firm Company		題問
		12817 SW 32ND ST		C 28 PM
		Address	·····	5
		MIRAMAR, FL 33027		ED PH 5: 59
	·	City/State and Zip Code COBMOZO@YAHOO.COM		•
		to be used for future annual report no	otification)	
For further information c	oncerning this matter, please a	all:		
GUSTAV	O MOZO	754 226-403	i3 	
Name o	r Person	at () Area Code Dayti	ime Telephone Number	
Enclosed is a check for t	he following amount:			
S25.00 Firing Fee	■ \$30,00 Filing Fee & Certificate of \$ta	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Registr	ING ADDRESS: ration Section on of Corporations	STREET/COUI Registration Sect Division of Corp		

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	FREIGH	T ON WHEELS, LLC		
(Name of the	Limited Liabil (A Florid	ity Company as it now appears on o a Limited Liability Company)	ur records.)	
The Articles of Organization for this Limit Florida document number			2018	and assigned
This amendment is submitted to amend the	following:			
A. If amending name, enter the new nar	ne of the lim	nited liability company here:		-100 <b>- 70</b>
The new name must be distinguishable and contain	•	nited Liability Company," the designa	tion "LLC" or the a	bbrevlation: L.I.G."
Enter new principal offices address, if ap ( <i>Principal office address MUST BE A ST</i>	•	·		- W. W.
Enter new mailing address, if applicable ( <u>Mailing address MAY BE A POST OFF</u> )				PM 5: 59
B. If amending the registered agent registered agent and/or the new registered	ed office ado		records, enter	the name of the nev
	./ •	GUSTAVO N	1070	
Name of New Registered Agent:		GCSTATO II		
New Registered Office Address:		12817 SW 32N Enter Florida str		
•	1. j.	MIRAMAR	, Florida_	33027
		City	, r toriga	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, Manature of New Registered Agent

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>	<u>Address</u>	Type of Action
P	SERGIO DOMINGO	250 W 74 PLACE APT 309 HIALEAH, FL 33014.	
	• •		
P	GUSTAVO MOZO	12817 SW 32ND ST	Change
		MIRAMAR, FL 33027	□ Add
			Remove
			Change
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			Change
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ote: If th	late, if other than the date of filing a date is listed, the date must be specific and a date inserted in this block does not a effective date on the Department of	optional) advannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 meet the applicable statutory filing requirements, this date will not be listed as filiate's records.
	specifies a delayed effective the day after the record is files.	date, but not an effective time, at $12{:}01\ a.m.$ on the earlier of .
ated	DECEMBER 14	· 2018
		4//
-	Signature of a	member or authorized representative of a member
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00