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FILED STATE CORPORATIONS

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COVER LETTER

TO:

Registration Section **Division of Corporations**

Tallahassee, FL 32314

CFREIGHT LOGISTICS LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ELIS M DE GOES INIGO Name of Person **B9MIAMI** Firm/Company 825 BRICKELL BAY DR #948 Address MIAMLEL 33131 City/State and Zip Code MINIGO@BNINEMIAMLCOM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ELIS M DE GOES INIGO Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CFREIGHT LOGISTICS LLC		
(Name of the Li	mited Liability Company as it now appears o	n our records.)	
	(A Florida Limited Liability Company)		
The Articles of Organization for this Limited Clorida document numberL180002637	· · · · —	11/09/2018	and assigned
his amendment is submitted to amend the fo	ollowing:		
a. If amending name, enter the new name	of the limited liability company here	:	
he new name must be distinguishable and contain th	e words "Limited Liability Company," the desig	gnation "LLC" or the ab	breviation "L.L.C."
Inter new principal offices address, if app	licable:		
Principal office address MUST BE A STR			
They are the transfer of the t			
Inter new mailing address, if applicable:			
Mailing address <u>MAY BE A POST OFFIC</u>			
3. If amending the registered agent and/o	r registered office address on our reco	ords, <u>enter the nam</u>	e of the new regist
gent and/or the new registered office add	ress here:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
		, Florida	
	City		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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MANAGER	KOCH, FARRAH	2201 LUDLAM ROAD	≣ Add
		APT 427	
		MIAMI FL 33155	
			□Add
			Remove
			Change
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N/A	
	
	
	
ffective date, if other than the d	ate of filing: (optional)
an effective date is listed, the date must b lote: If the date inserted in this bloc	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ck does not meet the applicable statutory filing requirements, this date will not be listed as
ocument's effective date on the Dep	
record specifies a delayed effective	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
ated AUGUST, 09th	
Su	gnature of a member or authorized representative of a member
	AUGUST OR THE MODE OF THE
	LUCAS LOBATO MORGADO