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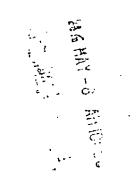
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TO:	Registration Se Division of Cou		٠	*
SHRIF		DATED FREIGHT LINE LLC		الله الله الله الله الله الله الله الله
30001	CI	Name of Lim	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	/% /
Please r	eturn all correspo	ondence concerning this matter	to the following:	٠
		DAVID ROSS		
			Name of Person	
	Name of Person CONSOLIDATED FREIGHT LINE LLC Firm/Company 10901 N.W. 146th Street, Suite 6 Address Hialeah Gardens, FL 33018 City/State and Zip Code David.Ross@shipefl.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: PAVID ROSS Name of Person Name of Person Daytime Telephone Number and Signature annual report notification of the state of			
	Name of Limited Liability Company anclosed Articles of Amendment and fee(s) are submitted for filling. are return all correspondence concerning this matter to the following: DAVID ROSS			
	10901 N.W. 146th Street, Suite 6			
			Address	
		Hialeah Gardens, FL 3301	8	
For furt	her information e		·	cation)
DAVIE	ROSS			
	Name o	f Person		Telephone Number
Enclose	d is a check for t	ne 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

CONSOLIDATED FREIGHT LINE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

gr i 12/18/2018	
filed on	and assigned
	.(
company here:	
ompany," the designation "LLC	" or the abbreviation "L.L.C."
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address on our records	s, enter the name of the nev
Enter Florida street addres	s
, Flo	orida
City, Flo	OridaZip Code
City Flo	OridaZip Code
•	company here: ompany," the designation "LLC address on our records

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>	<u>Address</u>	Type of Action
VP	DIRK CHEE-A-TOW	4798 SW 183 AVE	
		MIRAMAR, FL 33029	■ Remove
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	4/7	25/2019			
Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	date of filing: it be specific and canno ock does not meet the	ot be prior to date of the applicable statut	iling or more than 90 d ory filing requireme	_ (optional) ays after filing.) Pursuar ents, this date will not	nt to 605,0207 : be listed as
he record specifies a delayed The 90th day after the rec	d effective date, ord is filed.	but not an effe	ective time, at 1	2:01 a.m. on the	earlier of
APRIL 26 Dated	20	19	—		
	Signature of a member	exor authorized reno	sentative of a member	·	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00