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ZOZO AUG -5 AM 9: 14 SECRETARY OF STATE



COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: SW	F Trans Or	HATION SERVICE ited Liability Company	eS,LLC	
	SWF Tran	to the following: Veree Name of Person 15 Portation Firm/Company 005 See Rd # 2		作 配点 に動 2020 AUG -5 AM 9: 15
For further information co	Λ.		fication)	
Name of			4-0.13-1 ne Telephone Number	
Enclosed is a check for the	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 State Certified Copy (additional copy is enc	
Mailing Address Registration So Division of Co P.O. Box 6327	ection orporations	Street Address: Registration Se Division of Cor The Centre of T	porations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SWF Transportation	any as it now appears on our	LLC records.)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L1900003358}{}$.	v were filed on <u>Jan</u>	2, 2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	oility Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ALLAHASSEE FL
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
	City	Florida 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>	Name	Address	Type of Action
MGR	Demetrius Windleum	8361 Narcoossee Rd #210	9 □Add
		Orlando FL, 32827	
		Change Title to Manage	
			□Add
			□Remove
			□Change
			🗆 Add
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			Change

Denoted and Made conditions of a said to	
Demetrius Windram position is changed to a manager from a Vice President title.	
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be decument's effective date on the Department of State's records.	605.0207 (3) listed as the
document's effective date on the Department of State's records. ———————————————————————————————————	ifter the
Dated 730 2020	
Signature of a member or authorized representative of a member	
Taralee Vereen Typed or printed name of signee	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00