Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

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Division of Corporations

Fax Number

: (899)617-6383 ...

From:

Account Name : BUSINESS ACCOUNTING PROFESSIONALS CORP

Account Number : I20190000020

Phone : (786)953-7449

Fax Number

: (786)953-7450

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

Esail	Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **OMW FREIGHT G.S. LLC**

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Electronic Filing Menu Corporate Filing Menu

Help

AUG 0 1 2019 M. SOLOMON

COVER LETTER

TO: Registration Division of C				
	REIGHT G S LLC			
	Name of Lin	ited Liability Company		
	of Amendment and fee(s) are sub pondence concerning this matter	-		
rease rount an cones	CESAR A PARRA	w the sollowing:		
e gras	OMW FREIGHT G S LLO			
	1154 SW 122 AVENUE	Firet/Company		
note in the second	PEMBROKE PINES, FL.:	Address 33025		agles ()
	CELOCEVAJIÆGMAIL.			
For further information	E-mail address: (concerning this matter, please of	to be used for fature innual report notificall:	ation)	
CESAR A PARRA		754 226-3661		
Name	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for	the following amount:			
□ \$25.00 Fixing Fee	S30.00 Filing Fee & Certificate of Status	S55.06 Filing Fee & Certified Copy (additional copy is enclosed)	© \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	LING ADDRESS:	STREET/COURIE Registration Section		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONE MY WAY PREIGHT GLOBAL SERVICES LL		
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it naw appears on our records.) nability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L19000091685		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	25.5. 29
(Principal office address MUST BE A STREET ADDRESS)		Princ C
		<u> </u>
_		
Enter new mailing address, if applicable:		- 1,23
(Mailing address MAY BE A POST OFFICE BOX)		ဗျဉ်း ယ
		<u> </u>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, <u>en</u> :	ter the name of the new
Name of New Resistered Agent:		
New Registered Office Address:	Enter Florida street address	
	ERRET TIOTIAA MITERI AAUTESS	
	, Florida	Zip Corie
New Registered Agent's Signature, if changing Registered Agent:	e vy	emp Carita

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. Thereby 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
MGRM	ANA E MURILLO	2525 LIBERTY PARK DR 2108	
***************************************	110000000000000000000000000000000000000	CAPE CORAL, FL. 33909	
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			Change
			□ Add
		conte	□ Remove
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Page 3 of 3

Filing Fee: \$25.00