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(Re	questor's Name)	
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Special Instructions to	Filing Officer:	
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TO:	Registration S Division of Co			
SUBJE		RIAN FREIGHTER, LLC		
STORY)		Name of Lit	nited Liability Company	
		Amendment and feers) are sul-	-	
		MAURICIO CASSAPIS	LOUREIRO	
			Name of Person	
		PRAETORIAN FREIGH	TER, LLC	
		 	Firm Company	
		8815 ARRABIDA LN.		
			Address	
		ORLANDO, FL 32836		
		praetorian, freighter (4) gmail		
For furth	ner information c	E-mail address: i oncerning this matter, please e	to be used for future annual report note all:	lication)
MAURI	ICIO C LOURE	IRO	304 237-4535	
Name of Person		at ()	e Telephone Number	
Enclosed	I is a check for t	ne following amount		
\$25	(0) 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)
	35 5 17	IVC ADDDESC.		

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRAETORIAN FREIGHTER, LLC			
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now app ability Compan	ears on our records.) v)	
The Articles of Organization for this Limited Liability Company	were filed on	Division of Corporations	and assigned
lorida document number L19000165098			
his amendment is submitted to amend the following:			
x. If amending name, <u>enter the new name of the limited liabi</u>	lity company	<u>here</u> :	
the new name must be distinguishable and contain the words "Limited Liabih	its Company," th	e designation "LLC" or the abb	meviation "L.I. C."
Inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		•	<u> </u>
			表示 B T
inter new mailing address, if applicable:		·	- O
Mailing address MAY BE A POST OFFICE BOX)			
			<u>ි</u> දු ද
			를 S
 If amending the registered agent and/or registered of egistered agent and/or the new registered office address here 		on our records, <u>enter</u> (the name of the no
Name of New Registered Agent:			
		•	
New Registered Office Address:	Enter I	ilorida street address	
		Pl., at J	
-	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. 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> MGR	Name MAURICIO C LOUREIRO	Address 8815 ARRABIDA LN.	Type of Action
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(If an effective	e date, if other than the ctive date is listed, the date mu-	st be specific and	cannot be prior	to date of liling or	more than 90 days	optionar) cafter filmg.) Pursuar	nt to 605 0207 G
<u>Note:</u> 1	f the date inserted in this bl	ock does not m	icct the applic				
(togaine)	nt's effective date on the D	epartment of 8	tate 8 records				
	ord specifies a delayed 90th day after the rec		ate, but no	t an effective	time, at 12:	01 a.m. on the	earlier of:
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Dated _	///	//	///				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00