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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BX3 trught Solutions, LLC 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:
La Shanda Butlek.
By3 Frught Solutions, UC
9224 Madison Ave
City/State and Zip Code Library Rescalator Code
E-mail address: (to be used for future annual deport notification)
For further information concerning this matter, please call:
Lashanda Butlek at (904), 803-5637 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Compar	out Solutions, LLC vias it now appears on our records.) elbility Company)
The Articles of Organization for this Limited Liability Company of Florida document number	NII NO ON ON
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here: Hexorisu , LLC
The new name must be distinguishable and contain the words "Limited Liabili	ty Company!" the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9224 Madison Ave
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVINE, FL 32208
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9224 Madison Ave 32008
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	Shanda Butter 5
New Registered Office Address: 9224	Madison Ave. Enter Florida street address
- JAC	SUSUNILL Florida (32208)
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 Now 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 Title **Address** Type of Action Name. ashanda Butler 9224 Madison Ave. 32208 200 □Remove Change Lymus Butter Remove □Change a. ∐'Add □Remove □<u>€</u>hange □Add _ □Remove _ □Change □Add _ Change Remove

_____ Change

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	in this block does not meet the application the Department of State's records.	ble statutory filing red	quirements, this date w	ill not be liste
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ed.	I effective date, but not an effective tim	ie, at 12:01 a.m. on ti	ie earner or; (b) The	90th day after
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