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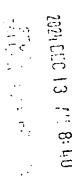
(R	equestor's Name)	
(A	ddress)	
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PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)
(D	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	
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COVER LETTER

AND LED BUILDING	art Logistics, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Maria A. Estrada		
		Name of Person	
	Freight Smart Logistics, L	LC	
	•	Firm/Company	
	28008 SW 140 CT		
		Address	
	Homestead, FL 33033		
		City/State and Zip Code	
	hugo.p@freightsl.com		
Por Gushar information of		to be used for future annual report not	itication)
	oncerning this matter, please c		
Maria Estrada		786 697-7413 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	

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

Registration Section Division of Corporations

TO:

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 Company as it now as (A Florida Limited Liability Compa	opears on our records.)
The Articles of Organization for this Limited Liability Company were filed or Florida document number $\frac{1.20000111107}{1.0000111107}$.	n 04/23/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	ny here:
	20
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	ω .
	ထု
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on o agent and/or the new registered office address here:	ur records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter	r Florida street address
	, Florida
City	Zip Code

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>	<u>Name</u>	Address	Type of Action
AMBR	MARIA A. ESTRADA	28008 SW 140 CT HOMESTEAD, FL 33033	
			□Remove
			
			□Remove
			□Change
			□Add
			Remove
			🗀 Add
			Remove
			□Change
			DbAD
			□ Remove
			Change
			□Add
			□Remove
			□Change

				
				
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Tective date, if other than the date in effective date is listed, the date must bote: If the date inserted in this block bournent's effective date on the Department.	e specific and cannot be prior to d k does not meet the applicable			
	ate but not an offective time	at 12:01 a.m. on the ea	rlier of: (b) The 90th da	y after the
	ane, but not an effective time.			
record specifies a delayed effective d is filed. NOVEMBER 04	2024			
is filed.				
is filed. NOVEMBER 04		· · · · · · · · · · · · · · · · · · ·		

Filing Fee: \$25.00