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D: Registration Se Division of Cor			•
	L FREIGHTLINE LOGISTIC	S, LLC	\$
UBJECT:	Name of Lin	ited Liability Company	···································
'he enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
'lease return all correspo	ondence concerning this matter	to the following:	
	JOHNATHAN R MITCH	ELI.	
		Name of Person	
	MITCHELL FREIGHTLI	NE LOGISTICS, LLC	
		Firm/Company	
	2647 BARRETT RD.		
		Address	
	JACKSONVILLE, FL 322	246	
		City/State and Zip Code	
	MITCHELLJOHNATHAN	_	
	E-mail address: (to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
JOHNATHAN MITCH	ELL	904 672-5384 at ()	
Name o	f Person		me Telephone Number
Enclosed is a check for t	he 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 Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	ection
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	2.7	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MITCHELL FREIGHTLINE LOGISTICS, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)

	N/A 2647 BARRET JACKSONVIL	Enter Florida street address	rida 32246 Zip Code
agent and/or the new registered office adda Name of New Registered Agent:		Enter Florida street address	
ngent and/or the new registered office addr Name of New Registered Agent:	N/A 2647 BARRET		
gent and/or the new registered office addr	N/A		
agent and/or the new registered office addr	A1/A		(-3 1+,
agent and/or the new registered office addr			
	<u>ress here</u> :		· -
B. If amending the registered agent and/or		address on our records, <u>enter t</u>	he name of the new re
		JACKBON VILLE, I L J2240	
(Mailing address MAY BE A POST OFFIC.	E BOX)	JACKSONVILLE, FL 32246	
Enter new mailing address, if applicable:		2647 BARRETT RD	
		MITCHELL FREIGHTLINE L	OGISTICS LLC
		JACKSONVILLE, FL 32246	
(Principal office address MUST BE A STREET ADDRESS)		2647 BARRETT RD	
Enter new principal offices address, if applicable:		MITCHELL FREIGHTLINE LOGISTICS, LLC	
The new name must be distinguishable and contain the	words "Limited Liabi		
N/A			
A. If amending name, enter the new name	of the limited liab	oility company here:	
This amendment is submitted to amend the fo	llowing:		
Florida document number	·		
	Elability Company	were med on	und using it
Florida document number L20000116739	Liability Company	were filed on <u>04/27/2020</u>	an

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

N/A
If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager .MBR = Authorized Member

<u>ʻitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
MBR	TARA D MITCHELL	12274 GLENN HOLLOW DR	\ _Add
		JACKSONVILLE, FL 32226	Remove
			Change
AMBR	FRANK CURRY	6931 LILLIAN RD	
		JACKSONVILLE, FL 32211	
			□Change
			□Remove
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fective date, if other than the d			(optional)	4
n effective date is listed, the date must lote: If the date inserted in this bloom	e specific and cannot be prior to k does not meet the applicab	date of filing or more than le statutory filing requi	i 90 days after filing.) Pursua rements, this date will no	nt to 605.020 t-be-listed a
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ecord specifies a delayed effective	date, but not an effective time	e, at 12:01 a,m. on the	earlier of: (b) The 90th o	lay after th
is filed.				
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AUGUST 21 (Jahrua	than R	MANUL red representative of a me	(D)	