Division of Corporations

Florida Department of State ristoner Corporation

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

ö

Account Name : CANALES & ASSOCIATES ACCOUNTING INC

Account Number : I20210000091 Phone : (305)821-1076 Fax Number : (305)821-1079

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

STL FREIGHTWAYS LLC

Certificate of Status	0
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Corporate Filing Menu

Help

K. Brumble

Tallahassee, FL 32314

Registration Section

TO:

CANALES&ASSOCIATES

COVER LETTER

Division of Cor	porations		•	
	GHTWAYS, LLC			
WBJECT: Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	nutted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	JHONNY GARCIA			
		Name of Person		
	STL FREIGHTWAYS, LL	.c		
		Firm/Сопіралу		
	P.O. BOX 22651			
		Address		
	HIALEAH, FL 33002			
		City/State and Zip Code		
	garcia.johnny75@gmail.com			
	E-mail address: (to be used for future annual report notif	fication)	
For further information o	oncerning this matter, please co	all:		
Jhonny Garcia	Farcia 754 210-4318			
Name of Person Area Cod		Area Code Daytim	e Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 	
<u>Mailing Addres</u> Registration	_	<u>Street Address:</u> Registration Se	ction	
Division of C	Corporations	Division of Cor	porations	
P.O. Box 632	27	The Centre of T	Callahassee	

(H220002808323)

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CTL PDFICTIONS AVELLO

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

it and an and managed \	
ited Liability Company)	
eany were filed on August 16, 2022	and assigned
liability company here:	
iability Company," the designation "LLC" or the	abbreviation "L.L.C."
NiA	
<u></u>	
N/A	
Tice address on our records, enter the na	2022 SEP - 7 P SECRETARIOS I ALLA JASSEE
City Florida	Tip Offde
	N/A N/A Nice address on our records, enter the note that the property of the

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 C'ar ging Registered Agent, Signature of New Registered Agent

(1-122000580323)

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>	Name	Address	Type of Action
AMBR	Jhonny Garcia	1840 W 49 St Suite 227	≣ Add
		Hialeah, FL. 33012	_
			□ Change
AMBR	Marta Feria	1840 W 49 St Suite 227	
		Hialenh, Fl. 33012	■ Remove
			□Add
			□Remove
			Change
			□Add
		····	□ Remove
			□Change
			□Add
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			□Remove
	`		○ Change

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N/A		
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	08/15/2022	
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		ore than 90 days after filing.) Pursuant to 605.0207 g requirements, this date will not be listed as
sument's effective date on the Dep		8 requirements, and onse will not so using a
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s filed.	date, but not an effective time, at 12:01 a.m. of	on the earlier of: (b) The 900, day after the
11		•
August 15	2022	
ed August 15		
4		
- VIII C s	ignature of a member or authorized representative	of a member
# .] *		
Jhonny Garcia		

(14220002808323)