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Office Use Only



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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

T-FREIGH	T LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	-	
Please return all correspo	ondence concerning this matter	to the following:	
	JACQUELINE POVEA		
		Name of Person	
		Firm/Company	 .
	4841 SW 11TH CT		
		Address	
	PLANTATION, FL, 3331	7	
		City/State and Zip Code	
	JACQUELINEPOVEA@G		-
		to be used for future annual report noti	fication)
For further information c	oncerning this matter, please co	all:	
JACQUELINE POVEA		786 2871088	
Name of Person			e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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:	ction
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 APR -4 AM 10: 30 T-FREIGHT LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $^{07/21/2020}_$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: QUALITY TAXES & MULTISERVICES BY JACKY LLC 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) 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 our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 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
			□Add
			□Remove
			Change
			□ Add
			□Remove
			☐ Change
			□ Add
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			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change

F	REIGHT BROKER
A	MENDING ARTICLE III NEW ARTICLE III PROVISION
— А	NY AND ALL LAWFUL BUSINESS
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ectiv	ve date, if other than the date of filing:(optional)
te: l	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
cord s file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
ted_	14/30/2022
	,

Typed or printed name of signee