## h20000306255

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## **COVER LETTER**

то:	Registration Se Division of Cor				
cunic	SONIC FR	EIGHT SYSTEMS LLC			
SORTE	CT:	Name of Lin	lited Liability Company		
711			with the Confidence		
		Amendment and fee(s) are sub	-		
Please r	eturn all correspo	ondence concerning this matter	to the following:		
		GLEYSON MEDEIROS			
			Name of Person		
		SONIC FREIGHT SYSTE	EMS LLC		
<del></del>		Firm/Company			
		537 HEMINGWAY CT			
			Address		
		DELAND, FL 32720			
			City/State and Zip Code		
		danigleyson@hotmail.com			
For first	her information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report	(notification)	
	ON MEDEIROS	-	386 717-626	3	
ULE 13				sytime Telephone Number	
	Name o	f Person ·	Area Code Da	sytime Tetephone Number	
Enclose	d is a check for th	ne following amount:			
<b>≡</b> \$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 Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	The Centre		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## SONIC FREIGHT SYSTEMS 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 v Florida document number L20000306255	were filed on <u>09/29/2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or t	he 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 ac agent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our records, enter the i	name of the new registered
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and L rovided for in Chapter 605, F.S.	am familiar with and Or, if this document is e limited liability

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
MGR	DANI STOYANOVA	537 HEMINGWAY CT DELAND, FL 32720	<b>=</b> Add
			□Remove
			□ Change
	·		DAdd
			□Remove
			Change
			□Add
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			☐ Add ☐ Remove ☐ Cliange ☐ O
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	ation, enter change(s) here: (At	•	·
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		_ <del></del>	
ffective date, if other than the fan effective date is listed, the date made in this becoment's effective date on the I	e date of filing:  est be specific and cannot be prior to date block does not meet the applicable state Department of State's records.	(option of filing or more than 90 days after attition of filing requirements, this	onal) tiling.) Pursuant to 605.0207 s date will not be listed as
record specifies a delayed effecti l is filed.	ve date, but not an effective time, at	12:01 a.m. on the earlier of: (b	The 90th day after the
, MAY 06	2021		2021
	1/2		
	Signature of a member or authorized re	epresentative of a member	
GLEYSON MEDEIRO	os		를 D 등
	Typed or printed name	e of signee	- <del> </del>