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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

		AMERICAN FREIGH	T.LLC .	-	
SUBJECT:		Name of Lim	ited Liability Company		· · · · · · · · · · · · · · · · · · ·
The enclosed Art	icles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all o	correspone	dence concerning this matter	to the following:		
		Shannon Stahlin			
		Direct Inc.	Name of Person		
			Firm/Company		
		PO Box 7089	· ·······		
		Address Ann Arbor, MI 48107			
		City/State and Zip Code			
		E-mail address: (to be used for future ann	ual report notific	ation)
For further inform	nation cor	ncerning this matter, please ca	all:		
Shannon Stahlin			877	281-6496	
			at ()		l'elephone Number
	Name of I	erson	Area Code	Daytime 1	elephone Number
Enclosed is a che	ck for the	following amount:			
☐ \$25.00 Filing	g Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing For Certified Copy (additional copy is		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Address:</u> ration Sc		· · · · · · · · · · · · · · · · · · ·	Address: stration Secti	ion
		rporations		sion of Corpo	
	ox 6327		The (Centre of Tal	llahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Lial</u> (A Flor	oility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 12/07/2020	and assigned
lorida document number 1.20000381156	·	
his amendment is submitted to amend the following		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "I	imited 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 AD	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		20
		r.3
3. If amending the registered agent and/or registe	red office address on our records, <u>enter the</u>	
gent and/or the new registered office address here	<u> </u>	 ro
		777
Name of New Registered Agent:		
<u></u>		
New Registered Office Address:	17 17 11	<i>F</i>
	Enter Florida street address	
	Florid	
	City	Zip Code

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>	<u>Address</u>	Type of Action
MGR	ABOUELNAGA, ALI A	6851 W SUNRISE BLVD	□Add
		PLANTATION, FL 33313	UAdd
			Remove
			□Change
AMBR	Abouelnaga, Ali	6851 W SUNRISE BLVD	=
····		PLANTATION, FL 33313	≣ ∧dd
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fective date, if other than the neffective date is listed, the date mus	date of filing:		(optional)	
n effective date is listed, the date mu: ite: If the date inserted in this bl				
cument's effective date on the D				
ecord specifies a delayed effectiv is filed.	e date, but not an effect	ive time, at 12:01 a.m	on the earlier of: (b) The 9	Oth day after the
February 4	2021			
ted		 ·		
	Signature of a member or	authorized representativ	e of a member	

Typed or printed name of signee