

## L2000381156

(Re	questor's Name)	
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## **COVER LETTER**

	ation Sec n of Corp	ction porations		
		AMERICAN FREIGHT, LLC	•	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed Art	ticles of /	Amendment and fee(s) are sub	mitted for filing.	
Please return all o	correspor	ndence concerning this matter	to the following:	
		ALI ABOUELNAGA		
			Name of Person	
			Firm/Company	
		6851 W SUNRISE BLVD	# 103	
			Address	
		PLANTATION, FL 33313	(	
			City/State and Zip Code	
		abouelnaga.b747@gmail.co		
		E-mail address: 0	to be used for future annual report noti	fication)
For further infori	mation co	ncerning this matter, please co	all:	
ALI ABOUELN			754 301-0509 at () Area Code Daytim	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a che	eck for the	e following amount:		
<b>■</b> \$25,00 Filing	g 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 radditional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALI BABA AMERICAN FREIGHT, LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records nited Liability Company)	<u></u> )
he Articles of Organization for this Limited Liability Com	pany were filed on 12/07/2020	and assigned
orida document number 1.20000381156		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRES	<u> </u>	, us
		19
		E.
nter new mailing address, if applicable:	·	· . <u>-</u> -
Mailing address MAY BE A POST OFFICE BON)		32
		<b>.</b>
. If amending the registered agent and/or registere		, enter the name of the
egistered agent and/or the new registered office address	s here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flo	orida
	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>	Address	Type of Action
AMBR	MAHER ALMASSRI	11901 NW 27TH CT PLANTATION, FL 33323	<b>∃</b> Add
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior t	to date of filing or more th	(optiona an 90 days after fili	ng,) Pursua	nt to 605.0
e: If the date inserted in this block does not meet the applicament's effective date on the Department of State's records.	able statutory filing req	uirements, this da	ite will no	t be listed
record specifies a delayed effective date, but not ne 90th day after the record is filed.	t an effective time	, at 12:01 a.m	n, on the	e earlier
1 ,				
u 08/16/21	•			
Signature of a member of author	$\overline{}$			
$I_{\Lambda}$	/			

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Typed or printed name of signee

Filing Fee: \$25.00