# 121000007683

(Red	questor's Name)	
(Add	dress)	
obA)	dress)	
(City	//State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do-	curnent Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



400384000124

03/22/22--01007--009 \*+25.00

22 MAR 22 AM 9: 19

T. MATTHEWS

APR - 7 2022

### **COVER LETTER**

TO: Registration Section . Division of Corporations .
SUBJECT: ELITE FREIGHTS LLL  Name of Limited Liability Company
Name of J. Innied Labinty Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shaguekia Royal Name of Person
ELITE FREIGHTS LIC
224 Draw Bridge land
Varito F1 33594
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shaulka Boyd at (8B) 7313701  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\Begin{array}{c} \$30.00 Filing Fee & Certified Copy (additional copy is enclosed) \end{array} \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT

## ARTICLES OF ORGANIZATION OF CORPORATIONS TO

**OF** 

22 HAR 22 AM 9: 19

ELITE FREIGHTS LIC
(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 <u>B129 DC</u> and assigned Florida document number <u>L2100007(083</u>
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
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
, Florida
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 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 Title Name **Address** Type of Action \_\_\_\_ 🔲 Remove \_\_\_\_\_ □ Add □Remove \_\_\_\_\_ □Change \_\_\_\_\_ □Change □Add □Remove  $\Box$ Add \_\_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_\_\_ 🗆 🗀 Add Remove

□Change

lf an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
fan e <u>Note:</u>	tive date, if other than the date of filing:
reco d is f	ord 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 filed.
atec	3/18/20
	Signature of a member or authorized representative of a member
	Showiering
	Typed or printed name of signee