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COVER LETTER

suвјест: <u>ЈА Х</u>	Fy P/0 55 L Name of Lim	ANES LLC ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JEREMIAH	Name of Person	
	REGISTERED	Firm/Company Move	FYRCS LANES LUC" 9 FREIGHT FORARD IL
	1874 W?	Address	
	JACKSONU	City/State and Zip Code	57709
	MOVIGERET E-mail address: (9h T FOUARD 310 G	MAI (ification)
	oncerning this matter, please ca		
Name o	~ IAH M JU	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
\$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:

TO:

Registration Section Division of Corporations

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 TO ARTICLES OF ORGANIZATION OF

2021 OCT 21 AM 10: 54

JAX EXPRESS LANE	S LL C STORE THE SHAPE
(<u>Namé of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2100004669</u> .	were filed on $\frac{1}{3}$ $\frac{3}{3}$ $\frac{3}{3}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
MOUTNA FREIGHT FOUAR	lity Company," the designation "LI.C" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	1824 W 28th ST JAUKSONVIUE FLORIDA 32209
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	JACKSONTINE FLORIDA
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: 1834 W	Enter Florida street address
JACK S.	City Florida 72709 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 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
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			□Remove
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(If an effec Note: If	tive 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 605.0201 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
he record : ord is filed	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.
Dated	9-15 Deils Mill
	Signature of a member or authorized representative of a member TEREMEAN MIWER