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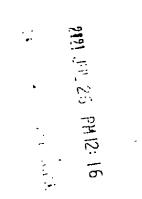
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## **COVER LETTER**

TO:	Registration S Division of Co		•	· -				
	ALEXIS F	ALEXIS FREIGHT DISPATCH SERVICES LLC						
SUBJE	CT:	Name of Lim	ited Liability Company					
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please r	eturn all correspo	ondence concerning this matter	to the following:					
		OLNA CHERISMA ALEX	XIS					
		-	Name of Person	,				
		ALEXIS FREIGHT DISPA	ATCH SERVICES LLC					
		···	Firm/Company	1				
		6801 NW 25TH STREET						
			Address					
SUNRISE, FL 33313								
			City/State and Zip Code					
		ALEXISDISPATCH@GM						
			to be used for future annual report no	otification)				
For furt	her information of	concerning this matter, please c	all:					
OLNA	C ALEXIS		754 206-4966 at ( )					
	Name o	of Person	Area Code Dayti	me Telephone Number				
Enclose	d is a check for t	he following amount:						
□ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Address:			Street Address:	Section				
Registration Section Division of Corporations			Registration Section Division of Corporations					
	P.O. Box 632	27	The Centre of	Tallahassee				
	Tallahassee,	FL 32314	2415 N. Mont	oe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALEXIS FREIGHT DISPATCH SERVICES 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 were filed on  $\frac{02/01/2021}{1}$ and assigned 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

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida

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	OLNA CHERISMA ALEXIS	6801 NW 25TH ST, SUNRISE, FL 33313	<b>≅</b> Add
			□Remove
			□Change
AMBR	OLNA CHERISMA ALEXIS	6801 NW 25TH ST, SUNRISE, FL 33313	
			□Remove
			□Change
····			□Add
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			Change
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Filing Fee: \$25.00