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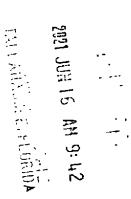
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COVER LETTER

	Registration Se Division of Cor			
CHD IEC	Interstate Fl	OC Freight LLC		
SUBJECT	l:	Name of Limi	ited Liability Company	.
The enclos	sed Articles of .	Amendment and fec(s) are sub-	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		Felix Damian Diaz Colon		
			Name of Person	
		Interstate FDC Freight		
			Firm/Company	
		6805 Grapevine Ct		
			Address	
		Tampa, FL 33634-1007		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For furthe	r information c	oncerning this matter, please co	all;	
			at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	0 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)
F	Hailing Addres Registration S Division of C	Section orporations	Street Address: Registration Sc Division of Co	rporations
	P.O. Box 632 Fallahassee, I		The Centre of 2415 N. Monro	Fallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Interstate FDC Freight LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our recorded Liability Company)	<u></u>)
The Articles of Organization for this Limited Liability Compan	y were filed on 02/19/2021	and assigned
lorida document number 1.21000083888		
This amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	oility 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)		
	· · · · · · · · · · · · · · · · · · ·	S. 6
		7
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		125. 2
Author State Box		
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter t	he name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	-
	F**	uta.
	, Flo	rida Ziv 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	Felix Damian Diaz Colon	6805 Grapevine Ct		□Add
		Tampa, FL 33634-1007		□Remove
			.,	\(\begin{align*}
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				□Remove
				Change
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				Remove
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	nust be specific and cannot be prior to date of block does not meet the applicable sta		.) Pursuant to 605.0207
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Sote: If the date inserted in this locument's effective date on the	tive date, but not an effective time, at	12:01 a.m. on the earlier of: (b) Th	ne 90th day after the

Filing Fee: \$25.00