Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839 Fax Number : (305)592-9591

**Enter the email address for this business entity to be used for fat annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLACKFRYE FREIGHT SERVICE LLC

Certificate of Status	0
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Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

Help



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLACKFRYE FREIOHT SERVICE LLC

(Name of the Limited Liability Company as it now appears on our records.)

(AF)	londa Limited Liability Company)	_		
The Articles of Organization for this Limited Lizbili Florida document number L21000207311	ity Company were filed on MAY 04th, 2021	and assigned		
This amendment is submitted to amend the following	å:	,		
A. If amending name, enter the new name of the	limited liability company here:			
BLACKFYRE FREIGHT SERVICE LLC				
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."		
Enter new principal offices address, if applicable		····		
(Principal office address MUST BE A STREET A)	DDRESS)			
		2021 HA SECRE		
Enter new mailing address, if applicable:		D X		
(Mailing address MAY BE A POST OFFICE BOX	0	\$5 2		
		300 70 %		
B. If amending the registered agent and/or regist agent and/or the new registered office address he	ered office address on our records, <u>enter th</u> re:	e name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	. Florida			
•	City:	Zip Code		
New Registered Agent's Signature, if changing Regist	tered Agent:			
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	d complete performance of my duties, and i d agent as provided for in Chapter 605, F.S tered office address, I hereby confirm that t	am familiar with and Or, if this document is		

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
			□Add
			Remove
			□ Change
		_	□Remove
			☐ Change
			□Add
			□Remove
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ffective date, if other than the date must be an effective date is listed, the date must be lote: If the date inserted in this bloc ocument's effective date on the Dep	e specific and cannot be		g or more than 90 days of filing requirements,	ptional) after filing.) Pursuant this date will not b	to 605.0207
record specifies a delayed effective of its filed.	ate, but not an effecti	ve time, at 12:01	a.m. on the earlier of	(b) The 90th day	/ affer the
MAY 20th	2021				
	··	 ·			

Filing Fee: \$25.00

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