Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ULTIMATE FREIGHT DISPATCH LLC

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Certi	fied Copy	0
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Electronic Filing	Menu Corporate Filing	, Menu H

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ULTIMATE FREIGHT DISPATCH LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

(A Flo	orida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L21000217198	y Company were filed on 05/10/21	and assigned
This amendment is submitted to amend the following	;;	
A. If amending name, enter the new name of the l	limited liability company here:	
ULTIMATE FREIGHT SOLUTIONS L	LC	
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register	ered office address on our records, enter the nam	ne of the new register
agent and/or the new registered office address her	<u>re</u> :	
Name of Name Dominational Assessed		2022
Name of New Registered Agent:		:
New Registered Office Address:	Enter Florida street address	~ = = = = = = = = = = = = = = = = = = =
	, Florida	
	City , Florida	Zip Cade
New Registered Agent's Signature, if changing Registe	ered Agent;	
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an		familiar with and

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>	Name	Address	Type of Action
			🗆 Add
			□Remove
Application of the state of the			□Add
			☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Change ☐ Change
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Filing Fee: \$25.00