L21000237929

(Requestor's Name)
(Address)
(Address)
(and a say
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Charles and a sum of the same
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COVER LETTER

TO: Registration Se Division of Cor			•
SUBJECT: WE	stan Forinh	+ 116	
SOBJECT:	Name of Lim	ited Liability Company	.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jackson	Name of Person	22
	westen	Freight LLC FirmCompany	
	135 west	on Road #2	261
	Weston, F	City/State and Zip Code	
	Casaminos E-mail address (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Jackson E.	<u>Fernandez</u>	at (<u>954</u>) 270. Area Code Daytin	- 8468 ne Telephone Number
Enclosed is a check for il	he following amount:		
\$25.00 Filing Fee	S30.00 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 Addres Registration 5		<u>Street Address:</u> Registration So	ection
Registration Section Division of Corporations		Division of Corporations	
P.O. Box 632 Tallahassee. 1		The Centre of 2415 N. Monro	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 AUG 30 PM 2: 0

SECRETARY OF STAT

bility 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 Florida document number L21 000 237 929 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 "LLC." 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 regi agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Civ

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 wiprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MUR	Jackson E. Fernandez	3487 Derby LN	🗹 Add
		Weston, FL 33331	□Remove
			□Change
MGR F	Brian Ritan)	MAdd
		Fort Lauderdale, FL	□Remove
		33323	Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		<u> </u>	□Add
			□Remove
			□Change

	<u> </u>
(If an e <u>Note</u>	etive date, if other than the date of filing:
f the rece record is	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th filed.
Date	August 4 2021.
	Signature of a member or authorized representative of a member
	Jackson E. Fernandez Typed or printed name of signee

Filing Fee: \$25.00