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(Requestor's	Name)			
(Áddress)				
(Address)				
(City/State/Zip	/Phone #)			
PICK-UP W	AIT MAIL			
(Business En	tity Name)			
(Document Number)				
Certified Copies Cert	ificates of Status			
Special Instructions to Filing Office	eer:			
	10/21/21 TM			





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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: EXT Freight Lightity Company Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ed Zau Drein Dans Name of Person
Firm/Company
4134 Staghara lane
Wlston F1 33331 City/State and Zip Code
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
Articles of Organization for this Limited Liability Company were filed on 5/202 and assigned rida document number 6/200343.
s amendment is submitted to amend the following:
If amending name, enter the new name of the limited liability company here:
new name must be distinguishable and contain the words "Limited Liability Company,,, the designation "L.C., or the abbreviation "L.L.C., ter new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS)
er new mailing address, if applicable:
If amending the registered agent and/or registered office address on our records, enter the name of the new registere nt and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
Florida
City Zip 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.

City

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 **Type of Action** Title Name tZaybrein Danis 4BH Stagnorn Lane NOSTO, F1. 33331 | Remove _____ □Remove _____ □Change ____ □Change Remove ______ □Change Remove

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fective date if a	other than the date of fili	ino	(optional)	
an effective date is l ote: If the date ir	isted, the date must be specific a	and cannot be prior to date of file t meet the applicable statuto	ing or more than 90 days after filing.) Pory filing requirements, this date wi	
record specifies a is filed.	delayed effective date, but n	ot an effective time, at 12:0	21 a.m. on the earlier of: (b) The 9	Oth day after the
nted		_,		
	Character of Signature of	Decirio authorized repres	entative of a member	- -
	Trac			
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