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Office Use Only



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COVER LETTER

TO: Registration Section **Division of Corporations** NEXTGEN Freight Broker LLC SUBJECT: 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: Ernest Lewis Name of Person Firm/Company 1611 Grove St. Address Clearwater, Florirda 33755 City/State and Zip Code ernestlewis308@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ernest Lewis Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| NEXTGEN Freight Broker LLC | |
|---|---|
| (Name of the Limited Liability Company a (A Florida Limited Liabi | s it now appears on our records.) dity Company) |
| The Articles of Organization for this Limited Liability Company were lorida document number $\frac{L^{21000283679}}{L^{21000283679}}$. | re filed on 6/18/2021 and assigned |
| his amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability | company here: |
| he new name must be distinguishable and contain the words "Limited Liability C | Company," the designation "L.L.C." or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | · · · · · · · · · · · · · · · · · · · |
| Principal office address MUST BE A STREET ADDRESS) | |
| _ | 021 TA |
| | AUG RETA |
| inter new mailing address, if applicable: | 2 7 mm |
| Mailing address MAY BE A POST OFFICE BOX) | 20 = 17 |
| many marges with be needed to reflect bony | |
| _ | 75.0 |
| If amending the registered agent and/or registered office addi- gent 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.

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 of removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------------|--|---------------------------|
| MGR | LaShawn Lewis-May | 316 Fairwood Way, Shepherdville, KY 40165 | □ Add |
| | | | ≡ Remove |
| | | | □Change |
| MGR | Ernest Lewis | 1611 Grove St. Clearwater FL. 33755 | = Add |
| | | | □Remove |
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| ctive date, if other than the effective date is listed, the date must If the date inserted in this burnent's effective date on the E | st be specific and cannot be p lock does not meet the app | plicable statutory fili | (option; more than 90 days after fili ng requirements, this da | ng.) Pursu | nnt to 605,0 ot be listed |
| ord specifies a delayed effectiveled. | ve date, but not an effectiv | re time, at 12:01 a.m | on the earlier of: (b) | The 90th | day after t |
| July 20th | . 2021 | | | | |
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