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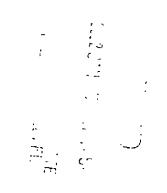
(Requestor's Name)
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(Address)
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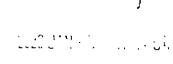
COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: F	AST FTA FREI	GHT LLC ited Liability Company	
30b/EC1	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	ALBERT R	ODR' LUEZ Jubo Name of Person	_
		Firm/Company	
	_ 20565 SW	122 AUE APT 204 Address	<u>, </u>
		Address	
	miAn	r/ FL 33/77 City/State and Zip Code	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information cor	cerning this matter, please ca	all:	
ALBERT		at (<u>305</u>) <u>833- 6</u> Area Code Daytin	6080
Name of F	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	following amount:		
S25.00 Filing Fee	☐ \$30.00 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)
<u>Mailing Address:</u> Registration Se	ection	Street Address: Registration Se	ection
Division of Co		Division of Co	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



		s on our records.)
FAST ELA FREIE	SHT LLC	to any our records)
(A Flo	orida Limited Liability Company)	s on our records.
The Articles of Organization for this Limited Liability	y Company were filed on 💆	
Florida document number <u>L 2 / 000 28 85 66</u>	<u> </u>	
This amendment is submitted to amend the following	ŗ	
A. If amending name, enter the new name of the I	limited liability company ho	ere:
ROADLINES TRANSPORTATION The new name must be distinguishable and contain the words	v LiniTED LIAB	ility Confany
The new name must be distinguishable and contain the words	Limited Liability Company," the c	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registe	arad office address on our r	ecords anter the name of the new registered
agent and/or the new registered agent and/or registered agent and/or the new registered office address her		ecords, enter the hame of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	rida 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 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
			□Ađd
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			Change
	<u> </u>		□Adđ
			□Remove
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			□Add
			□Remove
			Change
			
			□Remove
			□ Change

. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note	tive date, if other than the date of filing:
the rece	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 the filed.
Date	d <u>/2/22</u> . <u>2021</u> .
	White the second of the second
	Signature of a member or authorized representative of a member
	Tenrifer Danibulz JAntlas

Filing Fee: \$25.00