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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Cor	porations		
LEMDRET	Z FREIGHT BROKERAGE, I	LLC	
NOBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	LEMEL DORVILUS		
	<u> </u>	Name of Person	
	LEMDRETZ FREIGHT B	ROKERAGE, LLC	
		Firm/Company	
	1751 S. DIXIE HWY C19		
		Address	
	POMPANO BEACH, FL	33060	
		City/State and Zip Code	
	MELVILUS@GMAHCON E-mail address: (	to be used for future annual report notification)	
For further information c	oncerning this matter, please ca		•
LEMEL DORVILUS		561 6628306 at ()	
Name o	f Person	Area Code Daytime Telephone Number	— ;- >> 1
Enclosed is a check for th	ne following amount:		A II: 21
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filin  Certified Copy (additional copy is enclosed)	g Fee. of Status &
Mailing Addres		Street Address:	
Registration S Division of C		Registration Section Division of Corporations	
P.O. Box 632		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEMDRETZ FREIGHT BROKERAGE, LLC			
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Companion document number $\frac{L21000298048}{L21000298048}$ .	y were filed on	and a	ssigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or th	e abbreviation '	L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
•	-	<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)			
			<i>``</i>
N 70 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	de seasonales e		
<ol><li>If amending the registered agent and/or registered office gent and/or the new registered office address here:</li></ol>	address on our records, enter the n	ame or the n	ew registe
Kent und of the new tegocetta singe near 155 nerv			<i>f</i>
N CN D C LA		二	
Name of New Registered Agent:			<u>ز</u>
New Registered Office Address:		_2	
	Enter Florida street address	<b>-</b> -	***
	. Florida		
	City	Zip Coa	le

## 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 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>	<u>Address</u>	Type of Action
MGR	LEMEL DORVILUS	14576 KEY LIME BLVD	<b>≣</b> Add
		LOXAHATCHEE, FL 33470	□Remove
			☐ Change
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<u> </u>	ctive date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be  If the date inserted in this block does not meet the

Filing Fee: \$25.00