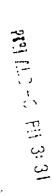
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| (Requestor's Name)                      |  |  |  |  |
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| PICK-UP WAIT MAIL                       |  |  |  |  |
|   |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
|   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| (Execument Number)                      |  |  |  |  |
|   |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |
| j '                                     |  |  |  |  |
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Office Use Only





### **COVER LETTER**

| TO: Registration Se<br>Division of Cor |  |   |  |
|--|--|---|--|
| SUBJECT:                               | Lawton<br>Name of Lim                        | Freight ited Liability Company  | LLC  |
| The enclosed Articles of               | Amendment and fee(s) arc sub                 | omitted for filing.   |  |
| Please return all correspo             | ondence concerning this matter               | to the following:   |  |
|  | Joshu  | Name of Person  |  |
|  | Lawten                                       | Freight LLC Firm/Company  | <u> </u>   |
|  | 918 Le                                       | vitt Pkwy Address   | <del></del>  |
|  | Rock 18 Lanton Frei E-mail address: (        | City/State and Zip Code  Sht 126 Gmail. Co  to be used for future annual report notific | 2 ~ation)  |
| For further information of             | oncerning this matter, please co             | all:  |  |
| Joshva<br>Name o                       | Lawtan  f Person                             | at (321) 626<br>Area Code Daytime   | - 4 6 1 2<br>Telephone Number                              |
| Enclosed is a check for the            | he following amount:                         |   |  |
| \$25.00 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 |

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

12.5- 5-1011 115

|   | (eish+ LLL   |  |
|---|--|--|
| (A Florida Lin  | ompany as it now appears on our records.) ited Liability Company)            |  |
| The Articles of Organization for this Limited Liability Complete Florida document number                      |  |  |
| 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 ADDRES.  | S)   |  |
|   | rco<br>##  |  |
|   |  |  |
| <del>-</del>  | : <u></u><br>6.  |  |
| Enter new mailing address, if applicable:   |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |  |
|   | =======================================                                      |  |
|   |  |  |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | یں<br>fice address on our records, <u>enter the name of the new register</u> |  |
| 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 or removed from our records:

| MGR = Ma $AMBR = Au$ | nnager<br>ithorized Member |  |                           |
|----------------------|----------------------------|--|---------------------------|
| <u>Title</u>         | <u>Name</u>                | Address                                | Type of Action            |
| MGR                  | Joshua L Lawton            | 918 Levist Prwy                        | □Add                      |
|                      |                            | Rockledse, Ft 32955                    | □Remove                   |
|                      |                            |  | <b>≱</b> Change           |
| MBR                  | Rodney Lawton              | 2411 Lawn crest                        | DR □Add                   |
|                      |                            | 2411 Lawn crest  HOW MISSOURI CITY, TX | <b>ファ489</b><br>□Remove . |
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