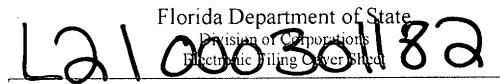
11/15/22, 10:03 AM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : I20180000086

Phone : (916)576-7000

Fax Number

: (800)603-5868

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address: RLOPS@PARASEC.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BAKER'S TRUCKING DISPATCH LLC

Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu

Help

To: 18506176383 From: 19166105073 Date: 11/17/22 Time: 5:48 PM Page: 03/05

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	•		
. Bakers Trucking	Dispatch LLC	•	
(Name of the Limited Li (A Fl	ability Company as it now apported Limited Liability Compan	nears on our records.)	3.2 T
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		00 <b>≥ !!!</b>
The Articles of Organization for this Limited Liability	ty Company were filed on	06/30/2021	and assigned
Florida document number <u>L21000301182</u>			29 Affe
This amendment is submitted to amend the following	g: ·		• •
A. If amending name, enter the new name of the	limited liability company	· here:	
WE transport logistics LLC			
The new name must be distinguishable and contain the words	'Limited Liability Company," t	re designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL			
			,
	<del></del> -	<u> </u>	
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX	2		
B. If amending the registered agent and/or regist agent and/or the new registered office address he		r records, <u>enter the i</u>	name of the new registered
agent and/of the new registered office address ne	<u></u> .		
Name of New Registered Agent:			
N D ' 100° 111			
New Registered Office Address:	Enter i	Florida street address	
		. Florida	a
_	City	, 1 101 IG	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.

lſ	Changing	Registered	Agent,	Signature	of New	Registered Agent

To: 18506176383 From: 19166105073 Date: 11/17/22 Time: 5:48 PM Page: 04/05

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>	Name	Address	Type of Action
AMBR	Latroya McBride	9051 Bayrose Cir,	NAdd
•		Atlanta, GA 30344	□Remove
			☐ Change
		·	□Add .
			□Remove
			Change
	:		
			□Remove
			□ Change
			□ Add .
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			□ Change
			🗀 Add
			□Remove
			[] Change
		_	□ Add
			□Remove
			□ Change

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessar)	y.)
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Note: If	the date, if other than the date of filing:	.) Pursuant to 605.0207 (3)(b will not be listed as the
If the record record is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	ne 90th day after the
Dated _	November 11	
	$V \sim e$	•
	Signature of a member or authorized representative of a member	<del></del>
	Katrina Baker	
	Typed or printed name of signee	

Filing Fee: \$25.00