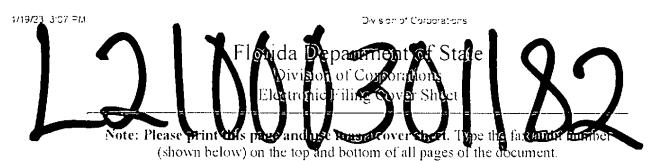
To: 185(6176383 From: 19166105073 Date: 01/19/23 Time: 9:09 PM Page: 02/05



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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 WE TRANSPORT LOGISTICS LLC

Certificate of Status	0
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M. SOLOMON

JAN 2 0 2023

Electronic Filing Menu Corporate Filing Menu

Help

TG: 18516176383 From: 19166105073 Date: 01/19/23 Time: 9:09 PM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WE TRANSPORT LOGISTICS LLC		
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) (pany)	
The Articles of Organization for this Limited Liability Company were filed Florida document number $\frac{1.21000301182}{1.000301182}$.	on <u>06/30/2021</u> and assig	ned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability comp	any here:	
he new name must be distinguishable and contain the words "Limited Liability Company	." the designation "LLC" or the abbreviation "L.L.C	
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	2ú2 8
	.	<u></u>
Enter new mailing address, if applicable:	>	61 NYC 8203
Mailing address MAY BE A POST OFFICE BOX)		4H 1: 54
	9.5	
3. If amending the registered agent and/or registered office address on gent and/or the new registered office address here:	our records, enter the name of the new i	
Name of New Registered Agent:		
New Registered Office Address:		
En	ter Florida street address , Florida	

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.

Cin

Zip Code

Tcm: 185C&176383 From: 19166105073 Date: 01/19/23 Time: 9:09 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>	<u>Name</u>	Address	Type of Action
MGR	LATROYA MCBRIDE	9051 BAYROSE CIR A	
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Note: It	e date, if other than the date of filing:	ursuant to 6/ Il not be li	08 0207 (. sted as th
documer	t's effective date on the Department of State's records		
the record cord is filed	specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of (b). The S)Oth day afi	ter the
	January 18 2023		
Dated _	1		
Dated _	Signature of a member or authorized representative of a member		

Filing Fee: \$25.00