## L21000301528

(Re	equestor's Name)	
(Ad	dress)	
	ldress)	
(//0	idiess)	
(Cit	ty/State/Zip/Phone	e #)
□ PICK-UP	☐ WAIT	MAIL
	<b>—</b> ******	
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Cartificates	of Status
Certified Copies	_ Certificates	s or status
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



600369806666

07/23/21-+01012--015 \*\*25.00

8/9/e/

2021 JUE 20 PH 3: 09

## **COVER LETTER**

TO: Registration Sect Division of Corpo			·
SUBJECT:	olid Frei	ght LLC ied Liability Company	
	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	Mortaviors Ba	err	
		Name of Person	•
		Firm/Company	
	845 pul Cas	.1	
	- O IJ KNBY CAL	Address	<del></del>
	Mount Dorn F	Address  SZ757  City/State and Zip Code  Committee and Com	
	Silo	City/State and Zip Code	
	F-mail address: (1	o be used for future annual report notifi	cation)
For further information con	ncerning this matter, please ca	•	cutiony
roi factuer information coi	icertung tins matter, prease ca	ш.	
Martalions	Bear	at (3 <b>1</b> 0 ) 770 54	?o
Name of F	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount.		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Solid treight		
( <u>Name of the Limited L</u> (A F	iability Company as it now appears on our rec lorida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liabil	ity Company were filed on 6/30/282	and assigned
Florida document number <u>L 21000 301528</u>	, .	
This amendment is submitted to amend the following	ng:	
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 "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address be		ter the name of the new register
Name of New Registered Agent:	Durren Mosele	У
New Registered Office Address:	Enter Florida street ado	dress
_	··-	Florida
New Registered Agent's Signature, if changing Regi	City stered Agent:	Zip Code

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.

f 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>	<u>Address</u>		Type of Action
AMBR	Darren Moseley	698	Blackeagle	Or JC ZAdd
				□Remove
		·		□Change
				□Add
				□Remove
				□Change
				□Add
				□Remove
				□Change
-	<del></del>			□Add
				🗆 Remove
				Change
			<del></del>	🗆 Add
		· · · · · · · · · · · · · · · · · · ·	<del>- 10.10</del>	□Remove
				Change
				Change
		<del> </del>		Remove

_	
-	
-	
-	
_	
-	
_	
_	
_	
_	
-	
_	
-	
_	
11 an ette Note:	ive date, if other than the date of filing:  7/19/7021  (optional)  fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
docum	of the state of the isopartment of State 3 records,
docum e recore	d 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
docum e recort rd is fil	rd 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 led.
docum e recort rd is fil	rd 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 led.
docum	The 90th day after the led.
documing documing documing documents	rd 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 led.