L21 CCO 374698

(Requestor's Name)		
(Address)		
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(Carross,		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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SECRETATION OF THE SECRETARY WITHOUT THE SEC

SEP 15 2011

COVER LETTER

Div	ision of Corpe	orations				
SUBJECT:	Freedom Roa	d Trucking, LLC				
SUBJECT		Name of Lin	ited Liability Company			
The analogod	1 Ameiolae at N	mandmans and first at are sub-	united for films			
	•	mendment and fee(s) are sub				
Please return	all correspond	lence concerning this matter	to the following:			
		John Jickell				
			Name of Person			
			Firm/Company			
		808 Glen Arden Way				
			Address	 	202 SS	
		Altamonte Springs, Fl. 32			ALL ALL	
		ngreen@solutionsgroupacc	City/State and Zip Code		5 - 3 5 - 3	P-3 AH 7: 45
			to be used for future annual report notific	cation)	CO SOURCE THE THE RESTRICT	
For further in	nformation con	cerning this matter, please c	all:		7:1	
John Jickell			407 310-5196		· 🗟 čn	
	Name of P	erson	at () Area Code Daytime	Telephone Number		
Enclosed is a	check for the	following amount:		#		
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	
Mai	lling Address:		Street Address:			

TO:

Registration Section

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

(Name of the Limited Liability (A Florida)	Company as it now appears on our recor Limited Liability Company)	ds.)
The Articles of Organization for this Limited Liability Co Florida document number $\frac{L21000374698}{L21000374698}$	ompany were tiled on 08/20/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLG	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	202
Enter new mailing address, if applicable:		ω τ
Mailing address MAY BE A POST OFFICE BOX)		
		5
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter	r the name of the new registo
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	AS
	F	lorida
	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	John A Jickell	808 Glen Arden Way	= Add
		Altamonte Sgs. FL, 32701	□Remove
			□Change
AMBR	Dana Jickeli	808 Glen Arden Way	■Add
		Altamonte Sgs. FL, 32701	□Remove
			□Change
			□Add
			□ Remove SECTION SEC
			□ And □ Remove □
			□Change
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			□Change
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			□Remove
			□Change

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	2021 \$EC TA
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and canno	(optional) of the prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3), the applicable statutory filing requirements, this date will not be listed as the records.
If the record specifies a delayed effective date, but not an effectord is filed.	fective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 09/01 202	<u>(())</u>
Signature of a member	r of authorized representative of a member
Турес	for printed name of signee

Filing Fee: \$25.00