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COVER LETTER

Division of Cor	rporations		
ABM Freig	ght LLC		
		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	amitted for tiling	
rrease return an correspo	ondence concerning this matter	to the following:	
	Angela Garner		
		Name of Person	
	ZenBusiness, Inc.		
		Firm/Company	
	5511 Parkerest Drive, Suit	te 103	
		Address	
	Austin, TX 78731		
		City/State and Zip Code	
	fulfillment@zenbusiness.co		
		to be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	all:	
Angela Garner c/o ZenBi	usiness. Inc.	844 493-6249 at ()	
Name of	Person		Telephone Number
Enclosed is a check for th	e 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 (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Li</u> (A F		
	iability Company as it now appears (forida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabilitarida document number 1.21000375044	ity Company were filed on 08/2	2)/2021 and assigned
This amendment is submitted to amend the followin	ig:	
A. If amending name, enter the new name of the	limited liability company here	<u>₹</u> :
The new name must be distinguishable and contain the words	"Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u></u>	
Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on o	our records, <u>enter the name of the n</u>
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Florid	a street address
		, Florida 🖂
New Registered Office Address:	City	, Florida 🖂
	City	Florida : 123

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
AMBR	Michica Reid		_ Add
		7431 Sunset Strip Sunrise, FL 33313-2834	■ Remove
			□ Change
			Add
			Remove
			Change
			☐ Remove
			Change
			Remove
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Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the De	t be specific and cannot be ock does not meet the a	eprior to date of filing applicable statutory	gor more than 90 days a	fter filing.) Pursuant to 60;	5.0207 ed as
ne record specifies a delayed The 90th day after the reco	effective date, bu ord is filed.	it not an effecti	ive time, at 12:0	1 a.m. on the earli	er of
September 21	2021	·			
Dated					
Dated September 21 _/S/ Brombe			Entire of a managed as		
Dated/S/ Bromle			tative of a member		

Page 3 of 3

Filing Fee: \$25.00