Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

: (850)617-**6**383

From:

Account Name : LAXMY'S CARRIER SERVICES

Account Number : 120040000007 : (305)640-0281 Fax Number : (305)489-2902

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BST FREIGHT LLC**

Certificate of Status	0
Certified Copy	0
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COVER LETTER

TO:	Registration 5 Division of Co			
SUBJEC		IGHT LLC		
300320		Name of Liz	mited Liability Company	
The encl	osed Anicles o	f Amendment and fee(s) are suf	omitted for filing.	
Please re	turn all corresp	ondence concerning this matter	r to the following:	
		LUCAS C GUARRO		
			Name of Person	7 1 2 1 0 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
		BST FREIGHT LLC		
			Firm/Company	
		3785 NW 82ND AVE		
			Address	
		DORAL FL 33166		
			City/State and Zip Code	
		GAIL.LAXMYSXARRIER	_	
		E-mail address: (to be used for future annual report non-	rication)
For furthe	r information o	concerning this matter, please c	all:	
LAXMY	CHACON		at (
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for t	ne following amount:		
≅ S25.0	0 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:
Registration Section
Division of Corporations
P.O. Box 6327
Tailahaesea, FL 33314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee To

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BST FREIGHT LLC				
(Name of the Limited I (A.)	Jability Company as it now appears on our records.) Florida Limited Liability Company)		*********	
The Articles of Organization for this Limited Liabi	lity Company were filed on 08/23/2021	a	nd assigne	cd
Florida document number LQ1000371683			_	
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability company here:			
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or th	e abbreviat	ion "L.L.C."	
Enter new principal offices address, if applicable	e:			
(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 regist agent and/or the new registered office address he	tered office address on our records, enter the n	ame of th	e'new res	gistere
agent and/or the new registered onice address he	<u>:re</u> :		: 1	
Name of New Registered Agent:				. .
New Registered Office Address:				
	Enter Florida street address	77:	Ė.	
_			08	
	Ciţv	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 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

Title	Name	Address	Type of Action
MBR	MARIA DE LAS M GONZALEZ	3785 NW 82ND AVE	□Add
		DORAL FL 33166	
			≘ Change
MBR	DIANA M SUSPES	3785 NW 82ND AVE	□Add
		DORAL FL 33166	
			□Change
MBR	MARTIN G SAZLAVSKY	3785 NW 82ND AVE APT 314	MAdd
		DORAL FL 33166	
			D'Change
MBR	JORGE G LOPEZ SANCHEZ	1201 MARSELLE DR APT 19	🛅 Add
		MIAMI BEACH FL 33141	CRemove
			□Change
			OAdd
			□ Change
			□Add
			□ Remove
			□Change

From: LAXMY CHACON

		** ************************************	*****	
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(if an effect Note: If	e date, if other than the date of fi tive date is listed, the date must be specific the date inserted in this block does not set the date inserted in this block does not set set fective date on the Department.	and cannot be prior to date of meet the applicable st.	(option of filing or more than 90 days after filantiony filing requirements, this continuous filing requirements.	tal) ling.) Pursuant to 605.0207 (3 late will not be listed as th
he record s ord is filed	specities a delayed effective date, but d.	not an effective time, at	12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated M	ARCH 23RD	2023		
	1 KM			
	11 1 0 \			

Typed or printed name of signee