## 1000380872

| (Requestor's Name)                      |
|---|
| - (Address)                             |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| (Oity/State/Zip/Fittorie #)             |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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2021 SEP 23 AM 9: 04

2021 SEP 23 PH 4: 03 RECEIVED  2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243 Please use funds from ACCT; #J20210000160\_\_\_\_\_ FOR: \_\_\_\$\_\_ 25.00 Authorized Signature: \_\_\_\_\_ Frontline Global Logistics Group LLC . L21000380872 Business Name & Document #, (if known): Walk in Pick up time Will wait Mail out Photocopy Certified Copy of ARTICLES OF INCORP. Certificate of Status **AMMENDMENTS NEW FILINGS** X Amendment Profit Not for Profit Resignation of R.A. Officer/Director Change of Registered Agent Limited Liability Domestication Dissolution/Withdrawal Merger Other CORP Conversion **OTHER FILINGS REGISTERATION/QUALIFICATIONS** Annual Report Foreign filing Limited Partnership Reinstatement Fictitious Name

Other

FLORIDA CAPITAL COURIER SERVICES, INC

\_()\_ APOSTIL ()\_

Country

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Pronting Global Logistics Group LLC   |   |                               |
|---|---|-------------------------------|
| (Name of the Limited Liability Com  | pany as it now appears on our records.)  d Liability Company) | <del></del>                   |
| (A Fiolida Lilling  | a Liability Company)  |                               |
| The Articles of Organization for this Limited Liability Compa                 | ny were filed on August 25, 2021                              | and assigned                  |
| lorida document number L21000380872   |   |                               |
| iorida document numoci  |   |                               |
| his amendment is submitted to amend the following:                            |   |                               |
| A. If amending name, enter the new name of the limited li                     | ability company here:   |                               |
| The new name must be distinguishable and contain the words "Limited Liz       | ability Company," the designation "LLC" or the                | ne abbreviation "L.L.C."      |
| Enter new principal offices address, if applicable:                           |   |                               |
| Principal office address MUST BE A STREET ADDRESS)                            |   |                               |
|   |   |                               |
|   |   |                               |
|   |   |                               |
| inter new mailing address, if applicable:                                     |   |                               |
| Mailing address MAY BE A POST OFFICE BOX)                                     |   | 13 mil                        |
| <del>-</del>  |   | - 11 13 mare                  |
|   |   | 77 73 651                     |
| <ol> <li>If amending the registered agent and/or registered office</li> </ol> | e address on our records, enter the r                         | ame of the ben semiste        |
| gent and/or the new registered office address here:                           | e and east of our records, enter the r                        | $\frac{1}{(f)^{\frac{1}{2}}}$ |
|   |   | 9: Of                         |
|   |   | 77                            |
| Name of New Registered Agent:   |   |                               |
| New Registered Office Address:  |   |                               |
| New Registered Office /Radiess.   | Enter Florida street address                                  |                               |
|   | , Florida   |                               |
|   | 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.

## **COVER LETTER**

TO:

Tallahassee, FL 32314

|                    | istration Sec<br>ision of Corp |   |   |  |
|--------------------|--------------------------------|---|---|--|
| SUBJECT:           | Frontline Gl                   | lobal Logistics Group LLC                       |   |  |
| SUBJECT.           |                                | Name of Limi                                    | ted Liability Company   |  |
| The enclosed       | Articles of                    | Amendment and fee(s) are subr                   | nitted for filing.  |  |
| Please return      | all correspo                   | ndence concerning this matter t                 | to the following:   |  |
|                    |                                | John W. Hearn III                               |   | _  |
|                    |                                |   | Name of Person  | <del></del>  |
|                    |                                | Frontline Global Logistics                      | Group LLC   |  |
|                    |                                |   | Firm/Company  |  |
|                    |                                | 3951 NW 188st                                   |   |  |
|                    |                                |   | Address   | <del></del>  |
|                    |                                | Miami Gardens, FL 33055                         |   |  |
|                    |                                |   | City/State and Zip Code   | <u> </u>   |
|                    |                                | john.hearn@safetycentric.ne                     | et  |  |
|                    |                                | E-mail address: (                               | to be used for future annual report not                             | ification)   |
| For further in     | iformation c                   | oncerning this matter, please ca                | all:  |  |
| John W. Hea        | ım III                         |   | 786 390-4274  |  |
|                    | Name o                         | f Person  |   | ne Telephone Number  |
| Enclosed is a      | check for th                   | ne following amount:                            |   |  |
| <b>≅</b> \$25.00 F | Filing Fee                     | ☐ \$30.00 Filing Fcc &<br>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) |
| Mai                | iling Addres                   | ···   | Street Address:   |  |
|                    | gistration S                   |   | Registration S  |  |
|                    |                                | Corporations                                    | Division of Co  | •  |
| P.C                | D. Box 632                     | <i>.</i> 7                                      | The Centre of   | т апалаѕѕее  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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> | Name              | Address                               | Type of Action   |
|--------------|-------------------|---------------------------------------|------------------|
| AMBR         | John W. Hearn III | 3951 NW 188st Miami Gardens, FL 33055 | □Add             |
|              |                   |                                       | □ Remove         |
|              |                   |                                       | \ \exists Change |
|              |                   |                                       | □Add             |
|              |                   |                                       | □ Remove         |
|              |                   | <del></del>                           | □ Change         |
| <del></del>  |                   |                                       |                  |
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| fective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 of the inserted in this block does not meet the applicable statutory filing requirem cument's effective date on the Department of State's records. | (optional) days after filing.) Pursuant to 605.020' ents, this date will not be listed as |
| ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl is filed.  | ier of: (b) The 90th day after the  |
| nted September 23, 2021   |   |
| Att in  |   |
| orgnature of a member or authorized representative of a member  | er  |