9/14/21, 4:01 PM

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

-mai	Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JUST FREIGHT SOLUTIONS LLC

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Page Count	04
Estimated Charge	\$25.00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUST FREIGHT SOLUTIONS LLC		IS ISI
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	- G C C C C C C C C C C C C C C C C C C
The Articles of Organization for this Limited Liability Company Florida document number L21000397052 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab		ECHE TAK CONFORMATION 17
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	7901 4TH ST N STE 300	
(Principal office address MUST BE A STREET ADDRESS)	ST. PETERSBURG, FL 337	02
Enter new mailing address, if applicable:	7901 4TH ST N STE 300	
(Mailing address MAY BE A POST OFFICE BOX)	ST. PETERSBURG, FL 337	02
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name o</u>	f the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	71 71 1
	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 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	JUSTINA WILKERSON	7901 4TH ST N STE 300	🗆 Add
		ST. PETERSBURG, FL 33702	□Remove
			&Change
AMBR	TRAVORIS RUFF	7901 4TH ST N STE 300	
		ST. PETERSBURG, FL 33702	Remove
			iX Change
			🗆 Add
			□Remove
			DChange
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Effective date, if other than the c	date of filing:(op	ptional)
If an effective date is listed, the date must Note: If the date inserted in this blo	be specific and cannot be prior to date of filing or more than 90 days as sek does not meet the applicable statutory filing requirements,	fter filing.) Pursuant to 605.0207 this date will not be listed as
document's effective date on the De		
	date, but not an effective time, at 12:01 a.m. on the earlier of:	(b) The 90th day after the
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e record specifies a delayed effective rd is filed. Dated 09/14	2021	
Dated 09/14	<u> </u>	
Dated 09/14	. 2021	

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