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COVER LETTER

TO: Registration Se Division of Corp			
SU BJEC T:	SECURE THE Name of Limi	EFREIGHT LLC ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	SAKYAL	MALGAAN Name of Person	
	SECURE	THE FREIGHT Firm/Company	uc
	1573_	SW NERVIA AVE Address	
	PORT S	ST · LUCIE, FL 3 City/State and Zip Code	4953
	SECURETHE 1:-mail address: (1	o be used for future annual report flot	nail Com
For further information co	oncerning this matter, please ca	att:	
SAKYAH N Name of		at (<u>904</u>) <u>207</u> – Area Code Daytim	2274 ne Telephone Number
Enclosed is a check for th	c following amount:		
X \$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 Addres Registration S	Section	Street Address: Registration Se	
Division of C P.O. Box 632		Division of Col The Centre of T	•

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

SECURE THE	E FRF16	HT LL	ZI C	122 JAH -3 AH 10: 24
(Name of the Limited Liability (A Florida I	Company as it not limited Liability Co	<u>w appears on oi</u> mpany)	ar records. (S	ECRETARY SESTATE
The Articles of Organization for this Limited Liability Co		_		• • •
Florida document number L21000401641	_•			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability com	pany here:		
The new name must be distinguishable and contain the words "Limite	ed Liability Compar	ny," the designat	ion "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u> </u>			
				
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 address here:	office address o	n our record:	s, <u>enter the</u>	name of the new registere
Name of New Registered Agent:				
New Registered Office Address:				
	ŀ	inter Florida stre	et address	
	(***		Florid	aZip Code
New Registered Agent's Signature, if changing Registered	City			лір Соце
I hereby accept the appointment as registered agent at provisions of all statutes relative to the proper and cot accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nd agree to act i inplete performa ent as provided	ince of my di for in Chapte	uies, and I er 605, F.S.	am familiar with and Or, if this document is

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	MARIAH CASIMIR	2950 FOX LAIR DR	□ Add
		APT 102	ДЯслюче
		WOODBRIDGE, VA 22191	□Change
			□Add
		 	□Remove
			□Change
			⊐Rепюче
			□Change
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effective date is list te: If the date inso	ther than the date of ted, the date must be speci- crted in this block does date on the Departmen	not meet the appli	or to date of filing or mo cable statutory filing	re than 90 days after t	ding.) Pursuant to 601	
cord specifics a de s filed.	elayed effective date, b	ut not an effective	time, at 12:01 a.m. o	n the earlier of: (b)	The 90th day afte	r the
ed DECE	MBER 2	202	1.			
	Manday Signature	of a member or and	horized representative of	f a member		