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A. BUTLER APR 1 8 2022

COVER LETTER

TO:

TO: Registration Sec Division of Corp			
SURJECT: AM	ique Freigh	Logistics LLC ited Liability Company	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	unitted for tiling.	
	idence concerning this matter	_	
·	C	<u>.</u>	
	Aymaris	S Valdes Name of Person	
		Name of Person	
	Anlique T	reight Logistics	LIC
		* ***	
	14420 Harr	ison St	
		Address	
	Miami.	f Z, 33173 City/State and Zip Code	
		City/State and Zip Code	
	aymarisvo	Ides Qamail. com to be used for future annual report noti	
			neation)
	oncerning this matter, please co	all:	
Aymaris	Valdes	at (<u>305</u>) <u>354</u> Area Code Daytim	. 0127
Name of	Person	Area Code Daytim	e Telephone Number
Faultand in a about fourth	s Callanda a managa		
Enclosed is a check for the	-		
▼ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	<u>:</u>	Street Address:	
Registration S		Registration Sec	
Division of Co P.O. Box 6321	•	Division of Cor The Centre of T	•
Tallahassee, F			e Street, Suite 810
		Tallahassee, FL	. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Antique Filight Logistics (LC)

(Name of the Limited Liability Company as it now appears to the Limited Liability Company)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on _	Mailao	SEST	ATE and assigned
Florida document number <u>L21000416</u> 088.			_ _ ,	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi				
Antique Freight Logistics L The new name must be distinguishable and contain the words "Limited Liabil	LC			
The new name must be distinguishable and contain the words "Limited Liabil				
Enter new principal offices address, if applicable:	14420	Harrison 33176	51	Miami
(Principal office address MUST BE A STREET ADDRESS)	<u>+L</u> ,	33176		
Enter new mailing address, if applicable:	14420	Harrison	SI	Mami
(Mailing address MAY BE A POST OFFICE BOX)	FL,	33176		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:				
New Registered Office Address:				
	Enter Fle	orida street address		
		, Flor	rida	Zip Code
Name Descriptional Association (Company) if allowing Descriptional Association	City			Zip Code
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance o provided for in	f my duties, and Chapter 605, F	l Lam f S. Or,	amiliar with and if this document is
If Chan	ging Registered A	gent, Signature of	New Reg	istered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our regords:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Remove
			□Change
			□Add
		Remove	
			□Change
		□Add	
		□Remove	
			□Change
<u> </u>			
			□Remove
			□Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
Note:	ive date, if other than the date of filing:
record is fi	
Dated	O3/29/3037 Signature of a member or authorized representative of a member Flymacis Valdes Typed or printed name of signee
	Dynal
	Signature of a member or authorized representative of a member
	Hymaris Valdes
	Typed or printed name of signee