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## CUVER LETTER

TO:

Registration Section

Division of Corporations SHEKINAH FREIGHT LLC SUBJECT: \_ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ALFONSO GOSS MELENDEZ Name of Person Firm/Company 8213 JAMESTOWN DR Address WINTER HAVEN, FL 33884 City/State and Zip Code sayminieves@ymail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALFONSO GOSS MELENDEZ Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHEKINAH FREIGHT LLC

112/03 20 Ali 7:14 (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{09/30/2021}{1}$ and assigned Florida document number L21000429811 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

in allichung Authorized rerson(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 202/60, 20 40 7: 44	Type of Action
AMBR	ALFONSO GOSS MELENDEZ	8213 JAMESTOWN DR	<b>≣</b> Add
		WINTER HAVEN, FL 33884	□Remove
			©Change
MGR	SR ALFONSO GOSS	8213 JAMESTOWN DR	□Add
		WINTER HAVEN, FL 33884	<b>≣</b> Remove
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ffective date, if other than the date must be an effective date is listed, the date must be started by the date in the later.	ate of filing:					(optional)
an effective date is listed, the date must be lote: If the date inserted in this blococument's effective date on the Dep	k does not meet the a	pplicable stat	Cfiling or utory fil	more thing rec	ian 90 Juirer	) days after filing.) Pursuant to 605,0207 ments, this date will not be listed as
record specifies a delayed effective a Lis filed.	late, but not an effect	ive time, at 1.	2:01 a.m	i. on th	ie car	lier of: (b) The 90th day after the
ated OCTOBER 05	2021					
DocuSigned by:	<del></del> ,	<del></del> •				

Typed or printed name of signee