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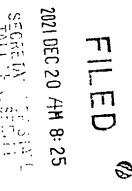
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(Requestor's Name)					
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PICK-UP WAIT MAIL					
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C. BRUMBLEY
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COVER LETTER

TO:	Registration S Division of C			
SUBJE	ct: £	N Friegh	Name of Limited Liab	ility Company
Dear Sir	r or Madam:			
The enc	losed Statemer	nt of Correction and fee(s) a	re submitted for filing	Ē.
Please r	etum all corres	spondence concerning this r	natter to the following	g:
NI	ALA A	DAUE NPOR.	7	·.
				2031 2010 Pri 1:56
		Firm/Company		
122	5 NLS	10 ^{Fl} P / Address		-
F1	Lande	City/State and Zip Code	77311	-
1714 E-	ra dave mail address: (to be used for future annual	report notification)	-
For furt	her information	n concerning this matter, ple	ease call:	
<u>X/I,</u>	ALA A. Nam	<i>DAUENPORT</i> e of Person	at (<u>J&/</u> Area Code	Daytime Telephone Number
	P.O. Box 6	n Section Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303
Enclose	ed is a check fo	or the following amount:		
□\$25 I	Filing Fee	\$30 Filing Fee & Certificate of Status	☐\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		605.0209, F.S., this document is being submitted	• • • • • • • • • • • • • • • • • • • •	cument.		
FIRST	: The name	of the limited liability company is:	Frieght L	LC		
	•	, , ,				
SECO		ne Florida Document number of the limited liabilit				
THIRI	0 : D	ocument to be corrected is: Article oc	+ OrganizaTil	<u> </u>		
	<u>(СН</u>	ECK THE APPROPRIATE BOX AND COMP	LETE THE APPLICABLE S	<u>TATEMENT</u>		
Þ		n incorrect statement. The incorrect statement, the	e reason the statement is incorr	ect, and the corrected		
	name	is incorrect do to so	pelling error	E.N Frieg4		
	Show	a read I. N Freig				
	<u>OR</u>					
	Was defect as follows	tively signed. The manner in which the document	was defectively signed and the	appropriate constion are		
				FC 20		
				in ₹ in		
	<u>OR</u>			8: 25		
	The electr	onic transmission of the record was defective.	/	8		
	_7/	Mugo	10/2//	2/		
		Signature of Authorized Representative	/ Date			
	ire of new rong the design	gistered agent, if applicable :(NOTE: if correcting nation).	g the registered agent, the new	registered agent must sign		
		gent's Signature, if changing Registered Agent: appointment as registered agent and agree to act	in this canacity. I further agre	a to comply with tha		
provisie obligati	ons of all st ions of my p a change in	appointment as registered agent and agree to activates relative to the proper and complete performation as registered agent as provided for in Chapthe registered office address, I hereby confirm that	ance of my duties, and I am far oter 605, F.S. Or, if this docum	niliar with and accept the sent is being filed to merely		
	Registered Agent's Signature					
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)			