121000453848

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zip/Phone #)	
(Document Number) Certified Copies Certificates of Status	PICK-UP WAIT MAIL	
(Document Number) Certified Copies Certificates of Status		
Certified Copies Certificates of Status	(Business Entity Name)	
Certified Copies Certificates of Status		
	(Document Number)	
Special Instructions to Filing Officer:	Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:		
	Special Instructions to Filing Officer:	
- 	\	

Office Use Only



100387442971

05/12/22--01009--010 **80.00

22 MAY 12 AM 8: 39

T. MATTHEWS
JUL 12 2022

COVER LETTER

TO: Registratio Division of	n Section Corporations		
Freight	Connection LLC	•	
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.	
	espondence concerning this matter	-	
	LYNDON ARAUJO		
		Name of Person	
	FREIGHT CONNECTION		
	4220 BULL STREET	Firm Company	
		Address	
	SAINT CLOUD, FL 3477;		
	USFREIGHTCONNECTIC	City/State and Zip Code ON@ GMAIL.COM	
		to be used for future annual report no	tification)
	on concerning this matter, please c		
LYNDON ARAUJO		561 664-2218	
Na	me of Person	at () Area Code stic	me Telephone Number
Enclosed is a check t	for the following amount:		
□ \$25.00 Filing Fe	ee ■ \$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 radditional copy is enclosed?
_	on Section of Corporations	Street Address: Registration S Division of Co	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF STATE OF STAT

FREIGHT CONNECTION LLC

22-MAY 12 AM 8: 39

(<u>Name of the Limited Liability Comp</u> ; (A Florida Limited	iny as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company forida document number 1.21000453848	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
the new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designati	on "LEC" or the abbreviation "LEC."
Enter new principal offices address, if applicable:	4220 BULL STREET	
Principal office address MUST BE A STREET ADDRESS)	SAINT CLOUD, FL34	1772
Enter new mailing address, if applicable:	4220 BULL STREET	
Mailing address MAY BE A POST OFFICE BOX)	SAINT CL. UD. FL.34	1772
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	s, enter the name of the new regis
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
·	Enter Florida stre	et address
		Florida
	City	Zip Code

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 k—zby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being add-or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ELENICE ARAUJO	4220 BULL STREE1	
			Ξ Add
		SAINT CLOUD, FL 34772	
			□Remove
			□Change
			□Add
			_
			□Remove
			□Change
			□Add
			
			□Remove
			□Change
			□ Add
			□Remove .
			
			Change
			T-1.14
			Limited
			□Remove
			□Change
			□ Add
			□Remove
			TiChanas
			14 137137417

New Address 12	4220 bull st st cloud, FC 34772
	St Cloud, FL 34772
,	
,	
	· · · · · · · · · · · · · · · · · · ·
Effective date, if other than the date of filin	g: (ontional)
If an effective date is listed, the date must be specific and <u>Note:</u> If the date inserted in this block does not a document's effective date on the Department of S	g: (optional) d cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (neet the applicable statutory filing requirements, this date will not be listed as t State's records.
e record specifies a delayed effective date, but not ord is filed.	t an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
5/4/22	
Dated ynden fruyb	member or authorized representative of a member
/ Signatiste of a LYNDON ARAUJO	member or authorized representative of a member