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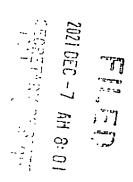
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COVER LETTER

TO: Registration of Division of	n Section Corporations	
suвјест: <u>∤</u> ∩	gel Freight Logiste, LLC Name of Limited Liability Company	
The enclosed Article	s of Amendment and fee(s) are submitted for filing.	
Please return all com	espondence concerning this matter to the following:	
	John A. CAndens Name of Person	
	Name of Person	
	Firm/Company	
	10387 VISTO CARE Coust Unit 210	
	Oklando, FL 32836 City/State and Zip Code	
	City/State and Zip Code Lone no ocando & C. Smail. com E-mail address: (to be used for future annual report notification)	
For further informati	on concerning this matter, please call:	
Lonena	Area Code Daytime Telephone Number	
Enclosed is a check:	or the following amount:	
	e ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

TO:

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ANGEL FREIGHT LOGISTC, LLC

2021 DEC -7 AM 8: 01

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) - Liability Company) SEUNE I	ARY STATE
The Articles of Organization for this Limited Liability Company	were filed on 11/02/2021	and assigned
Florida document number L21000474065		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
ANGEL FREIGHT LOGISTIC, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10387 VISTA OAKS COURT	
(Principal office address MUST BE A STREET ADDRESS)	UNIT 210	
	ORLANDO, FL 32836	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	vinter v toruta street address	
	, Floric	
	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 hereby confirm that the limited liability company has been notified in writing of this change.

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>N</u> ame	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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C. Effective date, if other that (If an effective date is listed, the date inserted in document's effective date on	ate must be specific an this block does not	nd cannot be prior to o meet the applicabl	date of filing or more thate statutory filing requ	n 90 days after filing.) Pursi	uant to 605.0207 (3) not be listed as the
f the record specifies a de b) The 90th day after th	layed effective e record is filed	date, but not a l.	n effective time,	at 12:01 a.m. on th	ne earlier of:
Dated November 15		2021			
	John	1 Cardo	unged representative of a m	anskar a same	
				ember	
	<u> </u>	Condonos Typed or printed n	ame of signee		