

L21000481456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MAXIMUM FREIGHT LOGISTICS LLC
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:

ELIANIS C GARCIA
Name of Person
MAXIMUM FREIGHT LOGISTICS LLC
Firm/Company
1802 SW SUCCESS ST
Address
PORT SAINT LUCIE, FL, 34953
City/State and Zip Code
MAXIMUMFREIGHTLOGISTICS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELIANIS C GARCIA at 305 842-8500
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$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 (additional copy is enclosed)

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

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CORPORATIONS

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MAXIMUM FREIGHT LOGISTICS LLC

(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 November 8th, 2021 and assigned
Florida document number L21000481456

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:

1802 SW SUCCESS ST

(Principal office address MUST BE A STREET ADDRESS)

PORT SAINT LUCIE, FL, 34953

Enter new mailing address, if applicable:

1802 SW SUCCESS ST

(Mailing address MAY BE A POST OFFICE BOX)

PORT SAINT LUCIE, FL, 34953

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:

WILLY MASOT

New Registered Office Address:

1802 SW SUCCESS ST

Enter Florida street address

PORT SAINT LUCIE

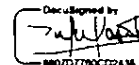
Florida 34953

City

Zip Code

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.

DocuSigned by

9807D7780CC02436

If Changing Registered Agent, Signature of New Registered Agent

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E

When 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>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ELIANIS C GARCIA	1802 SW SUCCESS ST	<input type="checkbox"/> Add
		PORT SAINT LUCIE, FL, 34953	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	WILLY MASOT	1802 SW SUCCESS ST	<input checked="" type="checkbox"/> Add
		PORT SAINT LUCIE, FL, 34953	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 08-15-2024 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 15th 2024

DocuSigned by
ELIANIS C GARCIA

Signature of a member or authorized representative of a member

ELIANIS C GARCIA

Typed or printed name of signee

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