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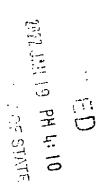
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COVER LETTER

Registration Section Division of Corporations

TO:

		REIGHT LLC	·
SUBJECT:	Name of Limi	ted Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are subi	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	LOVETTE DOBSON		
		Name of Limited Liability Company and fee(s) are submitted for filing. Ining this matter to the following: E DOBSON Name of Person	
		Firm/Company	
	17350 STATE HWY 249,	<u> </u>	<u> </u>
	HOUSTON, TX, 77064	Address	
		City/State and Zip Code	
	EFILE1234@INCFILE.CO		
	E-mail address: (t	to be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca	all:	
LOVETTE DOBSON		1 888-462-345	3
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Address Registration Division of C P.O. Box 633 Tallahassee,	Section Corporations 27	Registration Se Division of Cor The Centre of T	rporations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HANNO	FREIGHT LLC	
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records. nited Liability Company)	-
The Articles of Organization for this Limited Liability Complete Florida document number L21000506844	pany were filed on 11/30/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	l 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 ADDRES	<u> </u>	
		2022
Enter new mailing address, if applicable:		2
(Mailing address MAY BE A POST OFFICE BOX)		
Training undited Miles 1917 1957 OF 1 100 2007		- m
		(A) = (D)
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter t</u>	he name of the new registere
agent and of the new registered office address here.		:पा
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	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.

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>Name</u>	Address	Type of Action
AMBR	Joshua Thompson	10752 Deerwood Park Blvd Ste 100	□Add
		Jacksonville, FL 32256	
			□Change
			🗀 Add
			□Remove
			□ Change
			□Remove
			Change
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Effective date, if other than the da	te of filing		(optional)	
f an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	e specific and cannot be prior to a does not meet the applicab	date of filing or more than to ble statutory filing require	90 days after filing.) Pursuant to 6	605.0207 isted as
record specifies a delayed effective d d is filed.	ate, but not an effective tim	ne, at 12:01 a.m. on the ea	arlier of: (b) The 90th day a	fter the
January 07	2022	<u>-</u> ·		
January, 07 Dated				
	unature of a member or author	ized representative of a me	AJON	
	gnature of a member or author Alonzo T		ADM nber	