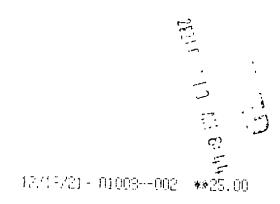
# L21000510070

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

Office Use Only



100377881701



TALLA WASSELFEGRIDA

2021 DEC 10 PM 4: 03

DEC 13 2021
I ALBRITTON

## **CORPORATE**

When you need ACCESS to the world

ACCESS, INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

			WALK IN
		PICK U	P: <u>12/10 DANNY</u>
		CERTIFIED COPY	
	xx	РНОТОСОРУ	
		CUS	
	хх	FILING	LLC AMEND
1.		ATZ FRIEGHT LLC (CORPORATE NAME AND DOCUMENT)	Т#)
2.		(CORPORATE NAME AND DOCUMEN	Τ #)
3.		(CORPORATE NAME AND DOCUMEN	Γ#)
4.		(CORPORATE NAME AND DOCUMENT	Γ#)
5.		(CORPORATE NAME AND DOCUMENT	Γ#)
6.		(CORPORATE NAME AND DOCUMEN'	Γ#)
	CIA TRU	L ICTIONS:	
		<del>-</del>	

### **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT: AT	2 FRIEGI		····
	Name of Lir	mited Liability Company	<del> </del>
The enclosed Articles of Ar	mendment and fee(s) are sub	bmitted for filing.	
Please return all correspond	lence concerning this matter	r to the following:	
	Anthon	1 Regalbuto	)
	ATZ	FRIEGHT Fine-Company	
	5499 N	FEDERAL HV	vy suite H
	Boca Ro	uton, FL 334	87
	antria fi-mail address: (	City/State and Zip Code  195f 2 amail  by used for full report notif	.COM
For further information conc	erning this matter, please or	all:	
Anthony Re	galbuto	at ( <u>718</u> ) <u>710 –</u> Area Code Daytime	1204 Telephone Number
Enclosed is a check for the fi	ollowing amount:		
\$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl. 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATZ FRIEG	HT LLC.		1-3
( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appears amited Linbility Company)	on our records.)	مرتب ؟ من
The Articles of Organization for this Limited Liability Co. Florida document number L 2 100051007	mpany were filed on 1	2 8 2021 and assigne	d
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limits	ed liability company her	re:	
ATZ FREIGHT LL  The new name must be distinguishable and contain the words "Lamite	C ed Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."	<del> </del>
Enter new principal offices address, if applicable:		<del></del>	
(Principal office address MUST BE A STREET ADDRE	ESS)		
			—
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office addre		our records, enter the name of the	<u>he new</u>
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Plorie	da street address	
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered	·	<b>ж</b> р Сын	
I hereby accept the appointment as registered agent are provisions of all statutes relative to the proper and conaccept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nd agree to act in this co uplete performance of n int as provided for in Cl	ny duties, and I am familiar with an hapter 605, F.S. Or, if this documen	d
	If Changing Registered Age	nt, Signature of New Registered Agent	
ı	Page 1 of 3		

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> Name Address Type of Action AMBR Anthony Regalbuto 8063 Rose Marie Circle And Boynton Beach, FL 33.472 Remove \_\_\_\_ Change □ Add □ Remove \_\_\_\_\_ Change ₽ Add Remove \_\_ 🗆 Change \_**D** Add \_□ Remove ☐ Change \_□ Add \_□ Remove \_\_\_\_ □ Change \_\_\_ 🗖 Add \_\_\_\_\_ □ Remove

						<del></del>
						<del></del>
						·
						-
· · · · · · · · · · · · · · · · · · ·			<del></del>			
	_					
		<del></del>				<del></del>
<del></del>						
	<del></del>					<del></del> , _
						<u> </u>
-			·			
te: If the date in	nserted in this blo	be specific and can ek does not meet partment of State	the applicable s	of filing or more that tatutory filing requ	(optional) n 90 days after filing.) I irements, this date w	fursuant to 605,020 ill not be fisted a
		<b>,</b>				
record speci he 90th day	fies a delayed after the reco	effective date ord is filed.	e, but not an	effective time,	at 12:01 a.m. o	n the earlier o
, 1210	7 2021					
ca <u>  4   1</u>	1 EV EI					
		Tellu.				
		Suprature of a profit	ber or athorized	representative of a n	iember	
	<b>K</b> .,	. 11	Dogal	hito		

Page 3 of 3

Filing Fee: \$25.00