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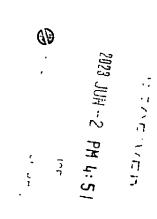
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Special Instructions to	Filing Officer:	
		

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor				
	oving Solutions LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspo	ondence concerning this matter t	to the following:		
	Jackie Dezard			
		Name of Person	 -	
		Firm/Company		
	6700 Pines Blvd			207 S
	Hollywwod, FL 33024	Address		2023 JUN -2
		City/State and Zip Code	:	- 2
	jack,d@uplandtax.org	·		PH 4: 56
	E-mail address: ()	to be used for future annual report noti	fication)	
For further information of	concerning this matter, please ca	all:		
Temperance Blocker		786 269-9937 at ()		
Name o	of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for t	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &
Mailing Addro Registration		<u>Street Address:</u> Registration Se	ection	
Division of (Corporations	Division of Co The Centre of	•	
P.O. Box 63	∠ I	The Centre of		1.0

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Certified Moving Solutions LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000027878</u> .	were filed on 01/12/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Certified Freight Solutions LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6700 Pines Blvd	
(Principal office address MUST BE A STREET ADDRESS)	Hollywood, FL 33024	
· · · · · · · · · · · · · · · · · · ·	6700 Pines Blvd	1 -2 -
Enter new mailing address, if applicable:	Hollywood, FL 33024	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		11 - 01
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	ter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	dress
		Florida
	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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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			□Remove
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Filing Fee: \$25.00