122000037140

(Requ	uestor's Name)	
(Addr	ess)	
`	•	
(Addr	ess)	
(City/	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
	F .:. b)	
(Busi	ness Entity Nar	ne)
(Docu	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



400385126004

RECENTED

APR (-7 ... / -04,408/22-+01005-+020 - ••55.90

2022 APR - 7 PH 12: 53

J 4/23/2022

COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: Elite	ispatching av	ed Liability Company	
	Name of Limit	ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	nce concerning this matter to	o the following:	
	Terreit R.	Name of Person	
	_	Firm/Company	cs LLC
	1705 W4th	Street	
	Jacksonville, F	/ 32709 City/State and Zip Code	
-	E-mail address: (to	be used for future annual report n	otification)
For further information conc	erning this matter, please ca	11:	
		_ ,	
Name of Pe	ond	at (757) 364	-7913 ime Telephone Number
Name of re	ison	Area Code Baye	ime reiepitone Number
Enclosed is a check for the fo	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 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	porations	Street Address: Registration S Division of C The Centre of 2415 N. Mon Tallahassee, I	orporations Tallahassee roe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Flate Dispatching and Logistics LLC 2022 APR-7 PM 12:53
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) SECRETA TALLAH SECE, FL
The Articles of Organization for this Limited Liability Company were filed on01/19/2022 and assigned
Florida document number <u>L22000637140</u> .
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:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
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:
New Pagistared Office Address:
Enter Florida street address
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.
Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address 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

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>Name</u>	Address	Type of Action
AMBR	Ketoria Porter	1705 Wist 1/the Street	□ Add
		Jackson Wilk, Fl, 32209	FRemove
		□Add	
		□Remove	
		Cl Change	
		□Add	
		□Remove	
		□Change	
		🗆 Add	
			□Remove
			□Change
		□Add	
		□Remove	
		□Change	
		🗆 Add	
			□ Remove
			□Change

-	
•	
-	
_	
-	
-	
_	
•	
_	
-	
-	
-	
-	
_	
-	
_	
Effect	ive date, if other than the date of filing: (optional)
(If an ef	ive date, if other than the date of filing:
	ent's effective date on the Department of State's records.
the recor	d 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
cord is fi	
Dated	<u>4-5</u> , 2022.
	Levill Rednesd
	Jevrell Redness Signature of a member or authorized representative of a member [Evel Redness Typed or printed name of signee
	Tessell Bookman
	Typed or printed name of signee