K22CCCC 45971

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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	-				
	HT SOLUTIONS LLC				
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	PEDRO JORGE TRUJILL	O SUAREZ			
		Name of Person			
		Firm/Company			
	715 SW 9TH ST				
		Address			
	DANIA BEACH FL 3300-				
	PEIDRO@LIVE.COM	City/State and Zip Code			
	_	to be used for future annual re	port notification)		
For further information e	oncerning this matter, please ca	ail;			
PEDRO JORGE TRUJILLO SUAREZ		561 849- at ()	2887		
Name o	f Person	Area Code	Daytime Telephone Number	•	
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate see) Certified C	of Status &	
Mailing Address		<u>Street Add</u> Registrat	<u>Iress:</u> ion Section		
Registration Section Division of Corporations		Division of Corporations			
P.O. Box 632		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2022 MAY 23 AM 11: 56

305 FREIGHT SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.) TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Co.	mpany were filed on $\frac{01/25/20}{}$	22 and	assigned
Florida document number L22000045971	<u>.</u> .		I
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
WC FLORIDA SOLUTIONS LLC			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designat	tion "LLC" or the abbreviation	ı"L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	ESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
Tradition to the second			
B. If amending the registered agent and/or registered	office address on our record	s, enter the name of the	new registered
agent and/or the new registered office address here:			
Name of New Registered Agent:			
•			
New Registered Office Address:	Enter Florida str	eet addresy	
		5 1	new registered
	City:	, Florida	ode
New Registered Agent's Signature, if changing Registered	•	·	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and con accept the obligations of my position as registered agon being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my d ent as provided for in Chapt	luties, and I am familiar er 605, F.S. Or, if this o	withland locument is
	If Changing Registered Agent, S	gnature 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			⊡Change
			⊡ Add
			□Remove
			□Change
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Effective date, if other than the fan effective date is listed, the date me Note: If the date inserted in this bedocument's effective date on the leading to the leading the leading that the leading that t	plack does not	t meet the applic	able statutory f	r more than 90 day lling requiremen	(optional) is after filing.) Po ts. this date wil	arsuant to 60: If not be list	5.0207 ted as
record specifies a delayed effecti d is filed.	ive date, but n	ot an effective t	ime, at 12:01 a.:	m. on the earlier	of: (b) The 9	0th day afte	er the
Dated MAY, 12		2022					
Jaccu		Quality	<u> </u>				
	Signature of	a thember or auth	orized representa	tive of a member			
	JILLO SUAR						

Filing Fee: \$25.00