| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| hA) | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



700391297817

07/22/22--01003--024 **25.00

2022 JUL 22 PM 12: 11 2022 JUL 22 PH 12: 25 ALLAHASSEE, HTM

RECEIVED

CK Alasianas

COVER LETTER

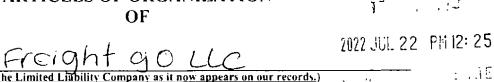
Tallahassee, FL 32314

| TO: Registration Section Division of Corporat | | |
|---|---|--|
| SUBJECT: RECICL | Y Freight Golle Name of Limited Liability Company | |
| The enclosed Articles of Amen | ndment and fee(s) are submitted for filing. | |
| Please return all correspondence | ce concerning this matter to the following: | |
| ¥ | Hatherine A Navarro Name of Person | |
| <u>.</u> | Ready Freight GO LLC | |
| _ | 5413 conway Pointe Ct | |
| <u>C</u> | Viando, AL 32812 City/State and Zip Code | , |
| <u>Q</u> | E-mail address: (to be used for future annual report notification) | mail.com |
| For further information concern | | |
| Ketherine K Name of Person | Area Code Daytime Telephone N | Number Sumber |
| Enclosed is a check for the foll | lowing amount: | |
| \$25.00 Filing Fee | Certificate of Status Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status | 0,00 Filing Fee, ertificate of Status & ertified Copy Iditional copy is enclosed) |
| Mailing Address: Registration Section Division of Corporate P.O. Box 6327 | | • |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



The Articles of Organization for this Limited Liability Company were filed on 02 08 2072 and assigned Florida document number <u>L 2200083279</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 ADDRES.) | 8 Z18 4Brd AVE W Bradenton, FC 34209 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 8218 43rd AVE W Bradenton, FC 34209 |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | fice address on our records, <u>enter the name of the new registered</u> |
| Name of New Registered Agent: 82 | 18 43rd Ave W |
| New Registered Office Address: | Enter Florida street address Menton Florida 34209 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 |
|--------------|--------------------------|--|----------------|
| MG7R | Grabiel Dumeng Rosado | 5413 Conway Pointe Coorlando, FC 32812 | □Add |
| K03C | ROXIGO | orlando, FC 32812 | 12 Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | □ Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | · · · · · · · · · · · · · · · · · · · | 🗆 Add |
| | | | □Remove |
| | | | □ Change |
| | | | □Add |
| | | | □ Pamoue |

| _ | |
|--------------------------|---|
| _ | |
| _ | |
| _ | |
| | |
| | |
| | |
| | |
| | |
| _ | |
| | |
| _ | |
| _ | |
| _ | |
| _ | |
| | 1 1 |
| `an effe <u>Vote:</u> | the date, if other than the date of filing: 7 22 2022 (optional) etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as mat's effective date on the Department of State's records. |
| record d is file | 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 ed. |
| | 7/22 . 2022. |
| ated _ | ^ / · |
| Dated _ | Signature of a member or authorized representative of a member |