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COVER LETTER

TO: Registration Se Division of Cor			
	Transportation And Logistics,	LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lisa Carman		
		Name of Person	
	Immediate Transportation	And Logistics, LLC	
	Firm/Company		
	3618 Hickory Hammock L	.00р	
		Address	
	Wesley Chapel Florida 33:	544	
		City/State and Zip Code	
	lisa@movingfreightimmedi	· ·	ing. of Person s. LLC company dress and Zip Code future annual report notification) 13 510-7303 rea Code Daytime Telephone Number Diffing Fee & S60.00 Filing Fee, Certificate of Status & Ce
For further information c	E-mail address: (oncerning this matter, please c		ilication)
Lisa Carman	,		
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Address Registration			ection
Division of C		Division of Co	rporations
P.O. Box 632			
Tallahassee,	rl 32314	Z415 N. MONTO	de oureel, ourle ott

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED AND LE

Immediate Transportation and Logistics, LLC

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

(A Florida Limited Liability Company)

(Isame or the Island	(A Florida Limited	Liability Company)	, var (ccovas)	P. SEE
The Articles of Organization for this Limited L Florida document number L22000093704	iability Company	y were filed on Februa	ury 16, 2022	and assigned
Florida document number L22000093704 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailling 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 Registered Office Address: Freddie Jenkins-Brown 1736 Spruce Street Enter Florida street address Enter Florida street address Florida 33607				
A. If amending name, enter the new name o	f the limited liab	oility company here:		
The new name must be distinguishable and contain the w	ords "Limited Liab	ility Company," the desig	nation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applic	able:	3618 Hickory Ham	mock Loop	
(Principal office address MUST BE A STREE	T ADDRESS)	Wesley Chapel Flor	rida 33544	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
	**	address on our reco	rds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	Freddie Jenkin	s-Brown		
(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 Registered Office Address: 1736 Spruce Street				
	Tampa		, Florida ³³⁶⁰	7
		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.

Changing Registered Agent, alguature 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
MGR	Jenkins, Joseph	1736 Spruce Street	∐Add
		Tampa Florida 33607	■Remove
			□Change
MGR	Carman, Lisa	3618 Hickory Hammock Loop	= Add
		Wesley Chapel Florida 33544	□Remove
			□Change
			□Add
			□Remove
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ective date, if other than the date of filing: (optional) effective 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 60	5.0207
e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lisument's effective date on the Department of State's records.	ted as
micht's effective date of the Department of State's records.	
1	
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day aft i filed.	er me
March 25, 22022	
······································	
TONO (ON ME	
Signature of a member of authorized representative of a member	
Lisa Carman Typed or printed name of signee	

Filing Fee: \$25.00