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| (Requestor's Name) | | | | |
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| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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R. HUNT 03/17/23

COVER LETTER

TO:

| TO: Registration S Division of Co | Section prporations | | | | |
|--|--|---|---|-------------|--|
| | JCKING AND LOGISTICS, LL | С | | | |
| SUBJECT: | Name of Limi | Name of Limited Liability Company | | | |
| The enclosed Articles o | f Amendment and fee(s) are sub- | mitted for filing. | | | |
| Please return all corresp | oondence concerning this matter | to the following: | | | |
| | DIANE BELDOR | | | | |
| | | Name of Person | | | |
| | | Firm/Company | | | |
| | 1981 NW 43RD TERR #1: | 50 | .*. | 797 | |
| | | Address | | 923158 17 | |
| | LAUDERHILL, FL 33313 | | | 7 7 | |
| | City/State and Zip Code LOGISTICSBYAGB@GMAIL.COM | | | 7 PH 3 | |
| For further information | E-mail address: (concerning this matter, please concerning this matter) | to be used for future annual report not | OF STATE | PH 3: 10 | |
| DIANE BELDOR | , some | 954 833-5539 at () | | | |
| Namo | of Person | Area Code Daytin | ne Telephone Number | | |
| Enclosed is a check for | the following amount: | | | | |
| □ \$25.00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filin Certificate (Certified Co (additional co) | of Status & | |
| Mailing Address: Registration Section | | Street Address: Registration Se | | | |
| Division of Corporations P.O. Box 6327 | | Division of Co The Centre of | | | |
| Tallahassee, FL 32314 | | | oe Street, Suite 810 |) | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| AGB TRUCKING AND LOGISTICS, LLC | | | |
|---|---|--------------------|-------------------|
| (<u>Name of the Limited Liability C</u> (A Florida Lin | ompany as it now appears on our r nited Liability Company) | ecords.) | |
| The Articles of Organization for this Limited Liability Comp | pany were filed on 03/09/2022 | | _ and assigned |
| lorida document number L22000119502 | | | |
| his amendment is submitted to amend the following: | | | |
| a. If amending name, <u>enter the new name of the limited</u> | l liability company here: | | |
| Ñ/A | | | |
| he new name must be distinguishable and contain the words "Limited | Liability Company," the designation | "LLC" or the abbro | eviation "L.L.C." |
| Inter new principal offices address, if applicable: | N/A | | ~3 |
| Principal office address MUST BE A STREET ADDRES. | | | 123 |
| The spirit spirit say in the say | <u> </u> | | 10 4 |
| | | | 7 7 |
| inter new mailing address, if applicable: | N/A | | P III |
| Mailing address MAY BE A POST OFFICE BOX) | | (10) | <u>ښ</u> 🔾 |
| maning dualess MAT BEATOST OF FICE BOX | | | |
| | | | , "" |
| If amending the registered agent and/or registered of gent and/or the new registered office address here: | ffice address on our records, <u>e</u> | nter the name | of the new regis |
| Name of New Registered Agent: N/A | | | - <u>-</u> |
| New Registered Office Address: | | | |
| riew registered Office Address. | Enter Florida street d | address | |
| | | , Florida | |
| | City | _, 11011444 | 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|-------------|--|------------------------------|
| MGR | JODE BELDOR | 1981 NW 43RD TERR #150, LAUDERHILL, FL 3 | 331 3 ⊟ Add |
| | | | □ Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A (optional) E. Effective date, if other than the date of filing: (If an 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated FEBRUARY 28 2023 Signature of a member or authorized representative of a member DIANE BELDOR

Typed or printed name of signee

; ; ;