

Electronic Filing Menu Corporate Filing Menu

T. LEMIEUX

SUBJECT:

COVER LETTER (((+12200)227153)))

TO: Registration Section

Division of Corporations

MOLINA'S FREIGHT AND TRUCKING LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ED KOTLER

Name of Person

TAX ZONE INC

Firm/Company

8865 COMMUNITY CIR STE 4

Address

ORLANDO, FL 32819

City/State and Zip Code

ACCOUNTANT@TAXZONEFL.COM

E-mail address: (to be used for future animal report notification)

For further information concerning this matter, please call:

ED KOTLER 407 888-3131 at (_____) Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

🗃 \$25.00 Filing Fee

Certificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Stree Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

- 18506176383	, Page: 6 of 8	2022-04-06 15:19:35 GMT	18884530509	From: Tax Zc
	ARTIC	CLES OF AMENDMEN TO	Ŧ	
	ARTIC	LES OF ORGANIZATI	ON. HAR GOOM	C D D C D L
•		LES OF ORGANIZATI OF	(11+1220001	227133)),
	MOLINA'S FREIGHT AND TRUCKI	NG LLC		
	(Name of the Limited L A	lability Company as it now appears of forda Limited Liability Company)	on aur records.)	 · :
The Arti Florida (icles of Organization for this Limited Liabil document number <u>L22000136283</u>			assigned
	endment is submitted to amend the following	ng:		·
A. If ar	nending name, <u>enter the new name of th</u>	e limited liability company here		
	- ·	• •		· · · ·
The new I	name must be distinguishable and contain the words			
Enter n	ew principal offices address, if applicable	e:7206 EDGEWAT	ER SHORES CT ORLANDO,	FL 32810
<u>(Princip</u>	oal office address MUST <u>BE A STREET A</u>	DDRESS)		<u></u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		<u></u>		<u></u>
Enter n	ew mailing address, if applicable:	7206 EDGEWAT	ER SHORES CT ORLANDO,	FL 32810
<u>(Mailin</u>	g address MAY BE A POST OFFICE BO	<u>x</u>		
B. If an agent a	nending the registered agent and/or regis nd/or the new registered office address b	stered office address on our rec <u>erc</u> :		ت لا
	Name of New Registered Agent:			AR-5
	New Registered Office Address:	Enter Floria	a street address	P
		2	Florida	.
	-	City	, 1 1 1 1	ode

New Registered Agent's Signature, if changing Registered Agent:

To:

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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.

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If amending Authorized Person(s) authorized or removed from our records:		rized to manage, <u>enter the title, name, r</u> $(1(+122000122^{-1}))$	and address of each person being action $\exists 1 \leq 3 \rangle)$
MGR = M AMBR = A	lansger uthorized Member	(117)2200522	
<u>Citle</u>	Name	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: __________(optional) (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		
	& Cristian Woling Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	-
	Cristion Malina	

Typed or printed name of signee

Filing Fee: \$25.00