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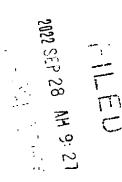
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LLC Amend

09/28/22--01003--003 **60.00



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1022 SEP 28 AM 9:11

A. RAMSEY SEP 28 2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Wildor Way Freight LLC Name of Lighted Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Trenese Latoya Wildor Rame of Person
Wildor Way Freight LLC
1604 Lemon Ave Address
Winterbauen 71, 33881 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Trenese Wildor Name of Person at (954) LOS- 01004 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Second Filing Fee Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

²⁰²² SEP 28 AM 9: 27

The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number ______. 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 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: WINTERPOLLEN Florida 33881
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 Name Address Type of Action <u>AMBH</u> Jerome Allen 1604 Lemon Aue MAdd Winterhauen 71,33881 - Remove Sebrena Livingston 10200 Bealections Blud DAdd SUNTISE 7-L, 33351 DRemove Trenese Wildor 6815 NW 14th C+ SAdd Plantation 71,33313 - Remove □Rèmove _____ □ Change _____ □Change _____ □Remove

,,	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
	<u> </u>
•	
•	
Note:	fective date, if other than the date of filing:
he reco ord is f	rd 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 iled.
Dated	Signature of a member or authorized representative of a member Trened Wildor Exped or printed name of signer
	Signature of a mamber or authorized correspondence of a mounture
	Signature of a member or authorized representative of a member
	Trenes Wildor

Filing Fee: \$25.00