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COVER LETTER

Division of Corp			•
SUBJECT: BreakFree L	ogistics LLC		•
SUBJECT: MANAGEMENT	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Jimmere F. MIlls II		
		Name of Person	
	 	Firm/Company	
	1980 NW 46TH AVE APT	7 442 Address	
	LAUDEDHH LÆ ODIDA		
	LAUDERHILI/iLORIDA	City/State and Zip Code	
	Breakfreelogistics@gmail.c		
	E-mail address: (to be used for future annual report i	notification)
For further information co	oncerning this matter, please ca	all:	
Jimmere F. Mills II		at (954) 8160836	
Name of	Person	Area Code Day	time Telephone Number
Enclosed is a check for th	c following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	<u>s:</u>	Street Address	i j

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

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

2072 MAY 10 AM 10: 41

(Name of the Limited Liability Company as it now appears on our records.) SELLIAMASSEC, FL The Articles of Organization for this Limited Liability Company were filed on April 14, 2022 and assigned Florida document number <u>L22000178949</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Break Free Group L.L.C The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1931 CORDOVA ROAD 1103 Enter new principal offices address, if applicable: FORT LAUDERDALE, FL 33316 (Principal office address MUST BE A STREET ADDRESS) 1931 CORDOVA ROAD 1103 Enter new mailing address, if applicable: FORT LAUDERDALE, FL 33316 (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:	Enter Florida street d	address
	City	Florida

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

BreakFree Logistics LLC

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany has been notified in writing of this change.

11 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
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ective date, if other than the d	ate of filing:		(optional)	
n effective date is listed, the date must be te: If the date inserted in this bloc	e specific and cannot be prior to dat k does not meet the applicable:	e of filing or more than 90 day statutory filing requirement	s after filing.) Pursuant to (s, this date will not be !	605,020 listed a:
cument's effective date on the Dep	artment of State's records.			
cord specifies a delayed effective (date, but not an effective time, a	t 12:01 a,m, on the earlier	of: (b) The 90th day a	ifter the
	, 2022			
ted May 3rd	 ,			
ted May 3rd				
7	ignature of a member or authorized	representative of a member		

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