## LZZ 000 180434

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(21), 0223.2.p. 1.0.0.0,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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AUG 2 2022 S. PRATHER

## **COVER LETTER**

TO:

**Registration Section** 

Div	ision of Cor	porations			
our men		ON FREIGHT DISPATCHERS	S LLC		
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing		
Please return	all correspo	ondence concerning this matter	to the following:		
		ERROL SAMUELS			
			Name of Person		
BOHANNON FREIGHT DISPATCHERS LLC Firm/Company					
· · · · · · · · · · · · · · · · · · ·					
			Address	<del></del>	
		TALLAHASSEE, FL 323	11		
			City/State and Zip Code		
		esamuels319@gmail.com			
		E-mail address: (	to be used for future annual report n	otification)	
For further in	nformation c	oncerning this matter, please c	all:		
ERROL SA	MUELS		850 443-8467		
	Name o	f Person	Area Code Dayt	time Telephone Number	
Enclosed is a	a check for th	ne following amount:			
□ \$25.00 F	Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	iling Addres		Street Address: Registration S		
Registration Section Division of Corporations				Division of Corporations	
P.C	). Box 632	7	The Centre of	The Centre of Tallahassee	
Tal	lahassee, l	FL 32314	2415 N. Mon	roe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

 $\simeq$ 

BOHANNON FREIGHT DISPATCHERS LI	I.C.	22 HAY
	ty Company as it now appears on our records.)	<del></del>
(A Florida	Limited Liability Company)	SE 27 H
The Articles of Organization for this Limited Liability C Florida document number L22000180434	Company were filed on APRIL 14, 2022	and assigned 6: 56
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS ASTREET ASTREE	RESS)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		ame of the new registered
	Enter Florida street address	
	. Florida	
	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.

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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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			□Change
<del></del>			□Add
		<del></del>	□Remove
			☐ Change
			DAdd
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necess	5-9	
	· <del></del>	
<del></del>		
E. Effective date, if other than the date of filing:	ling.) Pursuant to 605	.0207 (3 ed as th
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) record is filed.	The 90th day after	r the
Dated 5/24/2022.	J.C.I	2022 F
	₹_	7
A / Suma!	<u> </u>	
Dated 5/34/3033- Signature of a member or authorized representative of a member	<u> </u>	W 27 F
Signature of a member or authorized representative of a member  A 11 (1 = 1)  Typed or printed name of signee	KSSEE, FLORIO	2022 HAY 27 PH 6: 51

Filing Fee: \$25.00