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Division of Corporations



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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BOLDIN TRANSPORTATION LOGISTICS LLC

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## **COVER LETTER**

|                                                                                                                | Registration Sec<br>Division of Corp        |                                                             |                                                                           |                                                                                            |  |  |  |
|----------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--|--|--|
| CUBIEC                                                                                                         | BOLDIN                                      | RANSPORTATION LOGISTI                                       | ICS LLC                                                                   |                                                                                            |  |  |  |
| SORIFC                                                                                                         | SUBJECT:  Name of Limited Liability Company |                                                             |                                                                           |                                                                                            |  |  |  |
| The encid                                                                                                      | osed Articles of a                          | Amendment and fee(s) are sub-                               | mitted for filing.                                                        |                                                                                            |  |  |  |
| Please re                                                                                                      | tum all correspo                            | ndence concerning this matter                               | to the following:                                                         |                                                                                            |  |  |  |
|                                                                                                                |                                             | Cheyenne Moseley                                            |                                                                           |                                                                                            |  |  |  |
|                                                                                                                |                                             |                                                             | Name of Person                                                            |                                                                                            |  |  |  |
|                                                                                                                |                                             | Legalzoom.com, Inc.                                         |                                                                           |                                                                                            |  |  |  |
| Finn:Company                                                                                                   |                                             |                                                             | <del></del>                                                               |                                                                                            |  |  |  |
|                                                                                                                |                                             | 101 N Brand Blvd 11th Fl                                    |                                                                           |                                                                                            |  |  |  |
|                                                                                                                |                                             |                                                             | Address                                                                   |                                                                                            |  |  |  |
|                                                                                                                |                                             | Glendale, CA 91203                                          |                                                                           |                                                                                            |  |  |  |
|                                                                                                                |                                             |                                                             | City/State and Zip Code                                                   |                                                                                            |  |  |  |
|                                                                                                                |                                             | bjholdin98@gmail.com                                        |                                                                           |                                                                                            |  |  |  |
|                                                                                                                |                                             |                                                             | to be used for future annual report non-                                  | heation)                                                                                   |  |  |  |
| For furth                                                                                                      | er information o                            | oncerning this matter, please ca                            |                                                                           |                                                                                            |  |  |  |
| Cheyenne Mosciey                                                                                               |                                             | 800 773-0888<br>at ()                                       |                                                                           |                                                                                            |  |  |  |
|                                                                                                                | Name o                                      | Person                                                      | Area Code Daytim                                                          | c Telephone Number                                                                         |  |  |  |
| Enclosed                                                                                                       | l is a check for th                         | ne following amount:                                        |                                                                           |                                                                                            |  |  |  |
| □ <b>\$2</b> 5.                                                                                                | 00 Filing Fee                               | □ \$30,00 Filing Fee & Certificate of Status                | ■ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |  |  |  |
| MAILING ADDRESS:<br>Registration Section<br>Division of Corporations<br>P.O. Box 6327<br>Tallahassec, FL 32314 |                                             | STREET/COURI                                                |                                                                           |                                                                                            |  |  |  |
|                                                                                                                |                                             | Registration Section Division of Corporation                |                                                                           |                                                                                            |  |  |  |
|                                                                                                                |                                             | Clifton Building<br>2661 Executive Ce<br>Tallahassee, FL 32 |                                                                           |                                                                                            |  |  |  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BOLDIN TRANSPORTATION LOGISTICS LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                            | <u> </u>                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------|
| (Name of the Limited Liability Comp<br>(A Florida Limited                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | onny as it now appears on our records.) Liability Company) |                         |
| The Articles of Organization for this Limited Liability Companies of Organization for this Organization for the Organization for this Organization for the | y were filed on 05/10/2022                                 | and assigned            |
| This amendment is submitted to amend the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                            |                         |
| A. If amending name, enter the new name of the limited lia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | bility company here:                                       |                         |
| The new name must be distinguishable and contain the words "Limited Lia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | bility Company," the designation "LLC" or the              | r 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                            |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            | 4D                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            | 202<br>Sh               |
| B. If amending the registered agent and/or registered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | office address on our records, ent                         | er the name of the      |
| registered agent and/or the new registered office address he                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ere:                                                       |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            | کان کی از               |
| Name of New Registered Agent:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                            |                         |
| New Registered Office Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            | <u> </u>                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Enter Florida street address                               | ₽<br><b>9</b>           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | , Florida                                                  | Zio 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

To:

| Title | <u>Name</u>          | Address                                               | Type of Action |
|-------|----------------------|-------------------------------------------------------|----------------|
| AMBR  | BERNARD C BOLDIN JR. |                                                       |                |
|       |                      | 4673 SW DACTYL ST<br>PORT SAINT LUCIE, FL 34953       |                |
|       |                      |                                                       | ☐ Change       |
| AMBR  | Alexia Johnson       | 4673 SW Dactyl St.<br>Port Saint Lucie, Florida 34953 |                |
|       |                      |                                                       | ☐ Remove       |
|       |                      |                                                       | ☐ Change       |
| AMBR  | Felica Banks         | 4673 SW Dactyl St. Port Saint Lucie, Florida 34953    |                |
|       |                      |                                                       | ☐ Remove       |
|       |                      |                                                       | Change         |
| AMBR  | Ariyan Boldin        | 4673 SW Daetyl St.<br>Port Saint Lucie, Florida 34953 | ₩ Add          |
|       |                      |                                                       | □ Remove       |
|       |                      |                                                       | ☐ Change       |
|       |                      |                                                       |                |
|       |                      |                                                       | ☐ Remove       |
|       |                      |                                                       | ☐ Change       |
|       |                      |                                                       |                |
|       |                      |                                                       | Remove         |
|       |                      |                                                       | Change         |

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Alexia Johnson

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Typed or printed name of signee

Filing Fee: \$25.00

From: Danielle Gervasi