To: 18506176383 From: 19166105073 Date: 12/20/22 Time: 11:14 PM Page: 02/05

12/20/22 5:11 PM



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC Account Number : I20180000086 Phone : (916)576-7000 Fax Number : (800)603-5868

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: RLOPS@PARASEC.COM

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Freightwayz logistics LI		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ated Liability Company)	
The Articles of Organization for this Limited Liability Comp	oany were filed on07/21/2022	and assigned
forida document number 1.22000323961		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited L	nability Company," the designation "LLC" or the	abbreviation "I. L C "
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
		e.i
 If amending the registered agent and/or registered off gent and/or the new registered office address here: 	ice address on our records, enter the na	
		22 [
Name of New Registered Agent:		2022 DEC
		. 2 .
New Registered Office Address:	Enter Florida street address	
	, Florida _	Zip Colle

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.

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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
AMBR	Giselle Balderrama	323 avenue I	
		Beaver, OK 73932	NRemove
			□ Change
AMBR	Trae Pugh	6193 e Lincoln street	
		Bay saint Louis, MS 39520	NRemove
		☐ Change	
			
			□Remove
			☐ Change
			🗆 Add
			□Remove
			Change
			□Remove
			UChange
			□Remove
			1777

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		date of filing:			(optional)	
<u>Note:</u> If	e date, if other than the cuve date is listed, the date must the date inserted in this bloom's effective date on the De	ock does not meet th	ic applicable statu	thing of more than story filing requir	ements, this date) Pursuant to 605 0207 will not be listed as
Note: If document trecord s	the date inserted in this blo it's effective date on the De specifies a delayed effective	ock does not meet th partment of State's	ie applicable statu records	itory filing requir	ements, this date	will not be listed as
Note: If document doc	the date inserted in this blo it's effective date on the De specifies a delayed effective	ock does not meet th partment of State's	ie applicable statu records	itory filing requir	ements, this date	will not be listed as
Note: If document	the date inserted in this bloom's effective date on the Despecifies a delayed effective l. December 20	ock does not meet th partment of State's	records fective time, at 12	tory filing require.	ements, this date	will not be listed as

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