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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : I20170000056 Phone : (954)842-2931 Fax Number : (954)842-2936

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

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGÑ SAF CARGO TRANS LLC

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|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 04      |
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## **COVER LETTER**

| TO: Registration Se<br>Division of Cor | ction<br>porations                                |   |  |
|--|---|---|--|
|  | O TRANS LLC                                       |   |  |
| SUBJECT:                               | Name of Limi                                      | ited Liability Company  |  |
|  | Amendment and fee(s) are sub                      |   |  |
| Please return all correspo             | ndence concerning this matter                     | to the following:   |  |
|  | SAFARIAN, OLEH                                    |   |  |
|  |   | Name of Person  |  |
|  | SAF CARGO TRANS LL                                | c   |  |
|  |   | Firm/Company  | <del></del>  |
|  | 2419 WASHINGTON STI                               | R.  |  |
| •                                      | <del></del>                                       | Address   | ~  |
|  | HOLLYWOOD, FL 33020                               | )   |  |
|  |   | City/State and Zip Code   |  |
|  | safarianoleg2018@gmail.co                         | om<br>to be used for future annual report not                           | (firstion)   |
| For further information of             | e-man address: ( concerning this matter, please c |   | Alcabony   |
| SAFARIAN, OLEH                         |   | 786 834-0416<br>at()  |  |
| Name o                                 | f Person  | Area Code Daytin  | ne Telephone Number  |
| Enclosed is a check for t              | he following amount:                              |   |  |
| ■ \$25.00 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 Addre<br>Registration          |   | Street Address:<br>Registration Se                                      | ection   |
| Division of C                          |   | Division of Co  | rporations   |
| P.O. Box 632                           |   | The Centre of 2415 N. Monre   | Tallahassee<br>oe Street, Suite 810  |
| Tallahassee,                           | FL 32314  | 2415 N. MORE  | or surer, suite of   |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SAF CARGO TRANS LLC  | <u></u>                                     |                       |
|--|---|-----------------------|
| (Name of the Limited Liability Company as<br>(A Florida Limited Liabili  | it now appears on our records.) by Company) |                       |
| he Articles of Organization for this Limited Liability Company were lorida document number <u>L23000022803</u>                       | filed on <u>01/10/2023</u>                  | and assigned          |
| his amendment is submitted to amend the following:   |   |                       |
| . If amending name, enter the new name of the limited liability  | company here:                               |                       |
| he new name must be distinguishable and contain the words "Limited Liability Co  | ompany," the designation "LLC" or the al    | obreviation "L.L.C."  |
| nter new principal offices address, if applicable:   | <u></u>                                     |                       |
| Principal office address MUST BE A STREET ADDRESS)   |   | 023 F                 |
|  |   |                       |
| _  |   | - 3- E                |
| nter new mailing address, if applicable:   |   | <del></del>           |
| Mailing address MAY BE A POST OFFICE BOX)  |   | <del></del>           |
|  |   | <u> </u>              |
|  |   | o                     |
| <ol> <li>If amending the registered agent and/or registered office address and/or the new registered office address here:</li> </ol> | ess on our records, enter the nar           | ne of the new registe |
| Name of New Registered Agent:  |   | <del>_</del>          |
| New Registered Office Address:   |   |                       |
|  | Enter Florida street address                |                       |
|  | , Florida                                   |                       |
|  | Ciry  | 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

| Title       | <u>Name</u>    | Address              | Type of Action |
|-------------|----------------|----------------------|----------------|
| AMBR        | SAFARIAN, OLEH | 2419 WASHINGTON STR. | <b>=</b> Add   |
|             |                | HOLLYWOOD, FL 33020  | □Remove        |
|             |                |                      | ①Change        |
|             |                |                      | □Add           |
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| Effective date, if other than a fan effective date is listed, the date Note: If the date inserted in this document's effective date on the | must be specific and cannot be prior<br>s block does not meet the appli | r to date of filing or more th<br>cable statutory filing req | (optional)<br>an 90 days after filing.) Pursuant to 605.020<br>uirements, this date will not be listed a |
| record specifies a delayed effer<br>d is filed.  | ctive date, but not an effective  | time, at 12:01 a.m. on the                                   | e earlier of: (b) The 90th day after the   |
| Dated  | , 2023  |  |  |
|  | 01/5/   |  |  |
|  | Olan Safaru   | 2re  |  |
|  | Olah Safarii<br>Signature of a member or aud                            | zne<br>horized representative of a r                         | nember   |

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