## Florida Department of Color Poration Color Poration

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COLD CHAIN TRANSPORT LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cold Cha	ain Transport LLC
(Name of the Limited (A	Liability Company as it now appears on our records. Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number	pility Company were filed on 02/06/2023 and assigned
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of th	e limited liability company here:
The new name must be distinguishable and end with the wor	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	
(Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO.)	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new
Name of New Registered Agent:	—————————————————————————————————————
New Registered Office Address:	
	Enter Florida street address , Florida
	City Ziv 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

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LAZARUS CORPORATE \_\_\_\_\_

PAGE 03/04

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

$AMBR = A$ $\underline{Title}$	uthorized Member		
	Name  M.Carl Van la R	Address	Type of Action
MGR	ALSON Keeler	2153 NW 86th ANENUE	<b>Z</b> Add
		DORAL, FL 33122	Remove
<del></del>	ELITE TRUCKING AUTOMA	TION	□ Add
			Remove
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06/22/202	3 •15:22 .	3052201440	LAZARUS CURPURATE	_	PAGE	04/0
D. If amend	ling any othe	r information, enter chan	ge(s) here: (Attach additional sheet	s, if necessary.)		
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_				<del> </del>		
(The effective	e date must be si	than the date of filing:	06/21/2023 receipt or filed date and cannot be more than state)	(optional) 00 days after		
Dated	06/2	25/2023				
		Alson Signature of a member	Keelen er or authorized representative of a member		·	
	·	$\frac{M6R}{T_{\text{ype}}}$	d or printed name of signee			

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