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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INTERSTATE CARRIER SERVICE CORP

Account Number : I20160000043 Phone : (786)346-6290 Fax Number : (385)503-6979

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

Email Address: The state carnier Service & Uchan COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CONCORDE DELIVERY, LLC

| Certificate of Status | 0 |
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K. SALY JAN 15 2025



January 13, 2025

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CONCORDE DELIVERY, LLC 20430 NW 25 AVE MIAMI GARDENS, FL 33056US

SUBJECT: CONCORDE DELIVERY, LLC

REF: L23000086712

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

FAX Aud. #: H25000011472

Letter Number: 625A00000813

Karen A Saly Regulatory Specialist II Registration Section

To:

TO:

COVER LETTER

| Division | on of Corp | porations | | |
|---------------------------|--|--|--|------|
| | ONCORD | È DELIVERY LLC | | |
| SUBJECT: _ | ': | | | |
| | | | | |
| The enclosed A | rticles of A | amendment and fee(s) are sub | mitted for filing. | |
| Please return all | l correspon | dence concerning this matter | to the following: | |
| | | YANIEL SERBELLO | | |
| | | | Name of Person | |
| | | CONCORDE DELIVERY | LLC | |
| | | | Firm/Company | |
| | | 20430 NW 25 AVE | | |
| | | | Address | |
| | | MIAMI GARDENS FL 33 | 3056 | |
| | | | City/State and Zip Code | |
| | | INTERSTATECARRIERS | ERVICE@YAHOO.COM | |
| | | E-mail address: (| to be used for future annual report notification) | |
| For further info | rmation co | nceming this matter, please co | ail: | |
| LOURDES GA | RCIA | | 305 6408995 at () | |
| | Name of | Person | Area Code Daytime Telephone Number | |
| Enclosed is a ch | eck for the | following amount: | | |
| ■ \$25.00 Filin | ng Fcc | i \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certificate of Stat Certified Copy (additional copy is enclosed) | us & |
| Regis Divisi r.o. t | e Address tration So ion of Co sox 6327 nassee, Fl | ection exporations | Street Address: Registration Section Division of Corporations The Centre of Taltanassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | |

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Ta:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CONCORDE DELIVERY LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/26/2024 Florida document number L23000086712 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CONCORDE LOGISTICS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

, Florida __

Page: 5 of 7

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 = M $AMBR = A$ | anager uthorized Member | | |
|--------------------|----------------------------|---|-----------------------|
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