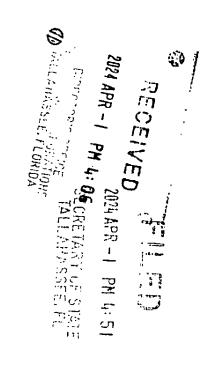
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## **COVER LETTER**

TO:	Registration Section Division of Corporati	ons		•	
<b>S</b> UBJI	ect: <u>Caol</u>	CYOUN Name of Lim	Legacy L	L c	
The en	closed Articles of Amend	lment and fee(s) are sub	omitted for filing.		
Please	return all correspondence	concerning this matter	to the following:		
		Stev	ie Alexander	<u></u>	_
		,	110		
	<del></del>	<del></del>	Firm/Company	<del></del>	- s
	_	401 Cent	rur Y 21 DT Address	E 165	TAPETAN TO
		Jacksonvi	City/State and Zip Code		PH 4:51
		S+\ E-mail address: (	V F3 N. D amail to be used for future annual report no	- Corla otification)	严 5
For fur	ther information concern	ng this matter, please ca	all:		
_<	Stevie Ale Name of Person	xander	at ( <u>904</u> ) <u>580</u> Area Code Dayt	ime Telephone Numb	er
Enclose	ed is a check for the follo	wing amount:			
<b>⊅</b> \$2	5.00 Filing Fee S	30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
	Mailing Address:		Street Address:		
	Registration Section		Registration S		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- Gold Crown Legacy 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 $04/30/33$ and assigned Florida document number $123000197852$ .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:  Velocity Frieght Grap 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)  Tocksonville FL 32204	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  [Mailing address MAY BE A POST OFFICE BOX]  [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 register agent and/or the new registered office address here:	i <u>ed</u>
Name of New Registered Agent: Stevie Alexander	
New Registered Office Address: 19,0 Che Sea St unit 534  Enter Florida street address	
Jacksonville FL Florida 32204  City Florida 32204	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MôR	Steria Alexander	190 chelsea st unit 534	ZiAdd
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Dated <u>DU/C</u>	n / 2024		_//	/			
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Filing Fee: \$25.00