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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Velo	ocity Friend and or isome or isome	roup LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Stevie	Al exander Name of Person	
	Velocity Fr	rieght Chroup Firm/Company	
	190 Chelsea	St 534 Address	
	Jackson	City/State and Zip Code	
	Styf3 E-mail address: (	City/State and Zip Code  City/State and Zip Code  Mark L - Control  to be used for future annual report notifi	lication)
For further information co	oncerning this matter, please c	all:	
Steve Hy Name of	Person	at (904) 580 - Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne following amount:		
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<u>s:</u>	Street Address:	

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Velocity Price	ant C	rap L	Lc			
( <u>Name of the Limited Lia</u> (A Flo	Hility Comp orida Limited	any as it now app Liability Company	ears on our	records.)		•
The Articles of Organization for this Limited Liability Florida document number <u>L 23 000 1978</u>	iy Compan <u>JS 7</u> .	y were filed on (	<u> </u>	० / २०३	<b>U</b> and assi	gned
This amendment is submitted to amend the following	<u>g</u> :					
A. If amending name, enter the new name of the l	s	l-c	<del></del>			
The new name must be distinguishable and contain the words "	Limited Liah	oility Company," the	e designation	"LLC" or the a	bbreviation "L.I	C."
Enter new principal offices address, if applicable:					2024	
(Principal office address MUST BE A STREET AD	DDRESS)					
					ं क्ष	
					ç,	
Enter new mailing address, if applicable:						7; 7
(Mailing address MAY BE A POST OFFICE BOX)	1				72	
TARRING MAIN CONTINUE BONY	<u> </u>	<del></del>			Ω.	
B. If amending the registered agent and/or registe agent and/or the new registered office address her		address on our	records, <u>s</u>	enter the nan	ie of the new	registered
Name of New Registered Agent:	Ster	ie Alex	ander	<b></b>		
New Registered Office Address:	190	Chelsea Enter F	87 Torida street	unit	६३५	
$\mathcal{J}$	ackson	<u>ulle</u>		Florida	3 2 20 Zin Code	<u>\</u>
New Registered Agent's Signature, if changing Registo	ered Agent	:			1297 5 5516	

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
. ` <u>`</u>			□Add
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`an ef <del>(ote:</del>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier o 90th day after the record is filed.
ated	08/06/2024
	Signature of a member or authorized representative of a member
	organistic of a member of authorized representative in a member

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Filing Fee: \$25.00