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SECRETARY OF STATE.
FALLAHASSEE, FINE



COVER LETTER

TO:	Registration Se Division of Cor		¥	•				
C		MANN LOGISTICS LLC	•					
SUBJI	ECT:	Name of Lim	ited Liability Company					
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please	return all correspo	ondence concerning this matter	to the following:					
		MARIA RUEDA						
			Name of Person					
			Firm/Company	<u> </u>				
		15389 S DIXIE HWY AP						
			Address					
		MIAMI, FL 33157						
			City/State and Zip Code					
		ANGIERUEDA93@HOTN						
For fu	ethar information o	E-mail address: (oncerning this matter, please c	to be used for future annual report notification)				
	IA RUEDA	oncerning this matter, prease c	305 815-4183					
Name of Person		f Person	at () Area Code Daytime Telep	hone Number				
Enclos	sed is a check for th	he following amount:						
≡ \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	Mailing Addres		Street Address: Registration Section					
Registration Section Division of Corporations			Division of Corporat	ions				
	P.O. Box 632	•	The Centre of Tallah					
Tallahassee FI 32314			2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

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

FREIGHTMANN LOGISTICS 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 ______ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 __, Florida ___ City 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
MGR	MARIA RODRIGUEZ	6950 NW 25 ST MIAMI, FL 33122	□Add
			≣Remove
			□Change
MGR	DANIELLA RODRIGUEZ	6950 NW 25 ST MIAMI, FL 33122	
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
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fective date, if other than the date in effective date is listed, the date must be sp	ecific and canno	t be prior to d	ate of filing or n	nore than 90 day	(optional) s after filing.) Pursuant	to 605.02
ote: If the date inserted in this block document's effective date on the Departm	es not meet th	ie applicable	statutory filii	ig requiremen	ts, this date	will not l	be listed a
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record specifies a delayed effective date is filed.	, but not an eff	fective time,	at 12:01 a.m.	on the earlier	of: (b) Th	e 90th da	y after th
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nted MAY 25th	`						
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Typed or printed name of signee