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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: C18 Express Truck and Freight Dispart thing LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gabriel Bennett Name of Person
Firm/Company  Firm/Company  Address
OCa la FL 34471 (20) 32 City/State and Zip Code 72 2
Sandd Seven Logistics & my Vahou . com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Clabriel Bennett at 359 20-8892  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 Li	ability Company wer	re filed on $\frac{7/3}{2}$	12023	and assigned
Florida document number 123000 319	5366			
This amendment is submitted to amend the follow	owing:			
A. If amending name, enter the new name of	the limited liability	company here:	~	
Cland D Seven Logis	stics LLC		SET SET	
The new name must be distinguishable and contain the w		Company," the designation	"LLC" or the abbrev	ation "L.L.C."
Enter new principal offices address, if application	able: _			
(Principal office address MUST BE A STREET ADDRESS)			υn	
	_			<u>₩</u>
Enter new mailing address, if applicable:	_		一	
(Mailing address MAY BE A POST OFFICE)	BOX)			
B. If amending the registered agent and/or r agent and/or the new registered office address	•	ress on our records, <u>e</u>	nter the name of	the new registerec
Name of New Registered Agent:	Clabriel	Bennett	<del></del>	
New Registered Office Address:	1015 SW	2nd St Enter Florida street of	address	
	Ocala		, Florida 34	471
		City	2	ip Code
New Registered Agent's Signature, if changing F	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.

of 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

Title	<u>Name</u>	Address	Type of Action
MOR	Simmy Lofton	823 Sw 2nd St	CLAdd
		823 Sw 2nd St Ocala FL 34471	□Remove
			□Change
			□Add
		SEC TYLLAH SSEE FL	Remove  ☐ Change ☐ ☐ Change ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
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te:	ve date, if other than the date of filing: (optional) (optional)  citive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
ecord is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ted_	8/11/23
	Signature of a member or authorized representative of a member  Clabriel Bennett  Typed or printed name of signer

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)