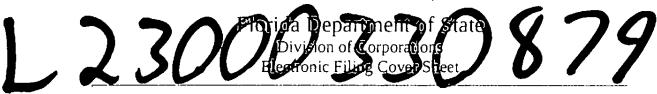
7/18/23, 11:55 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email Address: __

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SILVER ATLANTIC FREIGHT SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

S. R.C.

Electronic Filing Menu

Corporate Filing Menu

JUL 1 9 2023

Fax: 8134365206

ARTICLES OF AMENDMENT ·TO -ARTICLES OF ORGANIZATION OF

Silver Atlantic Freight Services LLC		•
(Name of the Limited Liability Compan (A Florida Limited Li	ny as it now appears on our records.) rability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number L23000330879		_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
SilverAtlantic Freight Services LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ly Company," the designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		023
		· :
		 سبب د ب
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		~~~
		<u></u>
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the name (</u>	of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Frances.	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am fan rovided for in Chapter 605, F.S. Or, if	niliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

			١,
7/1	8/2023	09:02:26	PDi

To: 18506176383

Page: 3/4

From: Registered Agents Inc

Fax: 8134365206

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>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			🗆 Add
			©Remove
			Change
			□Add
			□Remove
		<u></u>	□Add
			□ Remove
			Change
			□Add
			🗀 Remove
			□ Change
			□ Add
			□Remove
			□ Change

Robin Jones

Fax: 8134365206

Typed or printed name of signee