Flor clar Department of State Livision of Corporations Economic Filling Cover Sheer

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To:

Division of Corporations

Fax Number : (850)617-6383

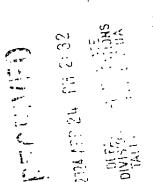
From:

Account Name : JONES FOSTER P.A. Account Number : 076077003231

Phone : (561)650-0471 Fax Number : (561)650-5300

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

Email Address: JFService@ prestoster.com



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Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Now Registered Office Address: Enter Florida street addres.	t
Name of New Registered Agent:	, , , , , , , , , , , , , , , , , , ,
Num. of New Venistared Agents	
agent and/or the new registered office address here:	
B. If amending the registered agent and/or registered office address on our records, enter	the name of the new registered
	<u>ဟ</u> ယ
(Mailing address MAY BE A POST OFFICE BOX)	
Enter new mailing address, if applicable:	
	1 <u>2</u>
(Principal office address MUST BE A STREET ADDRESS)	153
Enter new principal offices address, if applicable:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "U.C."	n or the abbreviation "L.L.C."
ABUR EXPEDITIONS, LLC	
A. If amending name, enter the new name of the limited liability company here:	
This amendment is submitted to amend the following:	
Florida document number 1.23000344746	
The Articles of Organization for this Limited Liability Company were filed on07/20/2023	and assigned
(Name of the Limited Liability Company as it now appears on our records (A Florida Limited Liability Company)	r)

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

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
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			□Remove	
			□Change	
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an offective date lote: If the dat	if other than the date of is listed, the date must be specife inserted in this block does clive date on the Department	he and cannot be prior to not meet the applicable	date of filing or more that e statutory filing requ	irements, this date will	suant to 605.02 not be listed
record specifie. is filed.	s a delayed effective date, hu	ut not an effective time	, at 12:01 a.m. on the	cartier of: (b) The 90	th day after t
ated Ap	ril 24	2024			

Filing Fee: \$25.00