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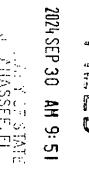
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PICK-UP	☐ WAIT	MAIL		
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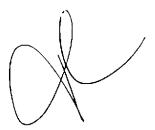
Office Use Only



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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Freedom Delivery and Logistics LLC SUBJECT: 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: Maria Ulacio Name of Person Freedom Delivery and Logistics From Company 5379 Evous Rd. #761 Address Coconut Creek Florida 33073 City/State and Zip Code Jolysan@insn.com E-mail address, (to be used for tuture annual report notification) For further information concerning this matter, please call. Jose Hernandez. Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee 2 \$55,00 Filing Fee & ... □ \$30.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy (senclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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any were filed on September 18th.	2024 and assigned
liability company here:	
	2024
tability Company," the designation "I I	C" or the abbreviation L.L.C.
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Friter Florida street addre	***
F	lorida Zıp Code
	iability company here: iability Company." the designation "I I 5379 Lyons Rd. # 761 Coconut Creek Florida 33073 ice address on our records, ente

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>	Name	Address	Type of Action
MGR	JUSÉ A. HEICNAMPEZ	6319 LYONS Rd #761 COCONYT CREEK PL 33073	3 — 1 23da
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Signature of a member

Typed or printed name of signee

Maria Ulacio

cutalive of a member