

To:

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2025-06-26 10:23:16 UTC-14

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From: ZenBusiness

FL250002261593

L250002261593

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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1((112500)226159 3))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.
Account Number : F20230000190
Phone : (844)449-3624
Fax Number : (512)597-0678

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 AMEND/RESTATE/CORRECT OR MAJ RESIGN
MR SWIFTS QUALITY LOGISTICS SERVICES LLC

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JUN 26 10:31 AM '25

FLORIDA
DIVISION OF
CORPORATIONS

K. SALY

JUN 26 2025

FILED
JUN 25 PM 2:33
TALLAHASSEE, FLORIDA

F1250002261593

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

FILED
H25000226159 3
2025 JUN 25 PM 2:33
TALLAHASSEE, FLORIDA

Mr Swifts Quality Logistics Services 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 2025-05-05 and assigned
Florida document number H25000226159 3.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Mr Swift's Quality Logistics Services, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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

Zip Code

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:

H25000226159.3

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Tameka N Atkins		☐ Add
			☐ Remove
		3424 McCormick Woods Dr Ocoee, FL 34761	☒ Change
AMBR	Roderick K Houser	518 S Lakeland Ave Orlando, FL 32805	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Remove
			☐ Change

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1125000226159 3

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

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 6/25

2025

/s'Taungka N. Atkins

Signature of a member or authorized representative of a member

Tamicka N Atkins

Typed or printed name of signee