## L20000067846

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## **COVER LETTER**

TO: Registration So Division of Cor			
SUBJECT:	1B Freight Name of Lim	EXPLESS LLC ited Liability Company	<i>.</i>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Julio (	Name of Person	
	-	Firm/Company	
	171 W 68	3rd St Address	
	Higlean F Julio-k	City/State and Zip Code	
For further information c	E-mail address: ( oncerning this matter, please ca	s) are submitted for filing.  ais matter to the following:  C Mirary T  Name of Person  Firm/Company  City/State and Zip Code  City/State and Zip Code  Address: (to be used for future ampual report notification)  please call:  at (186) 352 770 4  Area Code  Daytime Telephone Number	
Bentinz L	Lirchet Person	at ( <u>186.)</u> 352	ne Telephone Number
Enclosed is a check for the	ne following amount:		· ·
≯ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration S	Section	Registration Se	
Division of C P.O. Box 632	7	The Centre of T	l'allahassee
Tallahassee, I	1L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on March 2 Florida document number L20000007846 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 City 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. Thereby 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
AP	Yulietis Permidez	171 w 63rd St Hialeah	🗆 Add
		FC 33012	_ Remove
• • • •		Change title to Member	_ Khange
MGR	Beatriz Kirabet		_ □ Add
			□Remove
		Change title to Manager	∠ XChange
<u>YRES</u>	Julia Mirabet		🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Change
			□Add
			_ □Remove
			□Change

	<del></del>
If an ef <u>Note:</u>	tive date, if other than the date of filing:
ie reco ord is f	rd 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 led.
Dated	March 13, 2020
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00