05000099026

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
. ·
Special Instructions to Filing Officer:
·

Office Use Only



200181610322

:200131610322 06/04/10--01012--018 **25.00

10 JUL 28 AM 9: 89

T. HAMPTON

JUL 2 9 2010

EXAMINEP

COVER LETTER

TO: Registration Sec Division of Corp	ction porations		
SUBJECT:	Fucking Exb	ress LLC	× .
3,020.0	Name of Limite	d Liability Company	-
· · · ·	•		
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter to	o the following:	
	Isbel	45 Rodrique	
	Trucki	in Express, LL	
	9090 N	W South Rus	- Drive Suite# L
	Medley	City/State and Zip Code	2166
	E-mail address: (to	be used for future annual report polification	50 · WM
For further information co	oncerning this matter, please ca	II:	
Tabelyo	Rodrigues	at (786) 752 - 7	cphone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee *	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

We just need to cipdate our address.

TRUCKING EXPRESS, LLC

"Ensuring your Freight is There On Time Everytime"

9090 NW South River Drive Suite# 4 Medley, Fl 33166

PH: 786-752-2375

Fax: 305-883-6166

Trucking.express@yahoo.com

US DOT 1427831 ICCMC 668862



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

09 JUL 28PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

June 7, 2010

ISBELYS RODRIGUEZ 275 FOUNTAINBLUE BLVD STE 170 MIAMI, FL 33172

SUBJECT: TRUCKING EXPRESS LLC

Ref. Number: L05000099026

We have received your document for TRUCKING EXPRESS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 810A00014066

_	AMENDMENT
	TO SÉE ORGANIZATION SEE
	OF A STATE OF THE
	Z8 FILE
(Name of the Limited Liability Comp	pany as it now uppears on our records.)
(A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar	ny were filed on 10 7 2005 and assigne
Florida document number <u>Lb5006099021</u>	, ι ,
	المستعدد المراجع المراجع المستعدد المست
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lin	ability company here:
$n \mid q$	
The new name must be distinguishable and end with the words "Li-"L.L.C."	mited Liability Company," the designation "LLC" or the abbreviation
	9090 NW South River Drive
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	Medley, F1 33166
Enter new mailing address, if applicable:	9090 NW South Prive
(Mailing address MAY BE A POST OFFICE BOX)	Ste#4
	Medley, FL 33166
R If amonding 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 h	
Name of New Registered Agent:	n/a -
New Registered Office Address:	n\q
··	Enter Florida street address
•	City Zip Code
*	any come

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 608, 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

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Type of Action** Name . Add Add Remove ☐ Add - Remove ☐ Add Remove Add. Remove ∏Add Remove ∏Add Remove If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2010 Signature of a member or authorized representative of a member Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00