

LO7000103945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

LO7-103945

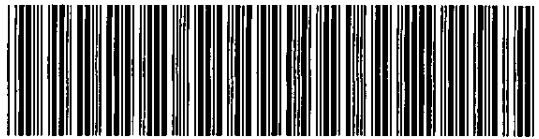
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700137295157

11/10/08--01045--011 **43.75

FILED
08 DEC -8 AM 8:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 13, 2008

ZORAIDA ORTA
PROFESSIONAL BUSINESS ADVISORS INC
11401 SW 40 STREET, SUITE 201
MIAMI, FL 33165

SUBJECT: AP&N CARGO EXPRESS LLC
Ref. Number: L07000103945

We have received your document for AP&N CARGO EXPRESS LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 508A00057067

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AP B N CARGO EXPRESS LLC
(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:

ZORAIDA ORTA
(Name of Person)

PBA
(Firm/Company)

11401 SW 40 ST Suite 201
(Address)

MIAMI FL 33165
(City/State and Zip Code)

For further information concerning this matter, please call:

ZORAIDA ORTA at (305) 227 0757 ⁸⁴⁰⁵
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
08 DEC -8 AM 8:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

AP B N CARGO EXPRESS 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 10-12-07 and assigned
Florida document number L 07000103945

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 end with 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)

1765 E HALLANDALE BH BLVD 2308
Hallandale FL 33009

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1765 E HALLANDALE BH BLVD 2308
Hallandale FL 33009

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:

Professional Business Advisors, Inc

New Registered Office Address:

11401 SW 40th Suite 201

(Enter Florida street address)

Miami

(City)

Florida

33165

(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 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)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	PATRICE Polanco	2221 W 52 nd St Suite 304 Hialeah FL 33016	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Anny Norisbel Hernandez	1755 E Hallandale BH BLVD 2308 Hallandale FL 33009	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____

PATRICE J. POLANCO
Signature of a member or authorized representative of a member

PATRICE J. POLANCO
Typed or printed name of signee

FILED
08 DEC -8 AM 8:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA