•			
(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: A. LUNT			
NOV 20 2008			
EXAMINER			

Office Use Only

900137978419

11/19/08--01023--007 **30.00

2008 NOV 19 PM 5: 13 FILED

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:E	XPress Freight (Name of Lim	t of Florida, LLC ited Liability Company)		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Tinothy N	(Name of Person)		
		(Firm/Company)	ZIGIR NO.	Π
	14814 N F	(Address)	V 19 PM TARY OF HASSEE.	TILE U
	Tampa Flo.	City/State and Zip Code)	ZUUR NOV 19 PM 5: 13 SECRETARY OF STATE TALLAHASSEE, FLORIDA	C
For further information of	concerning this matter, please co	all:	ŕ	
Tinothy M. (Name	Hoh) of Person)	at (813) 961-180 (Area Code & Daytime T	elephone Number)	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida	ity Company as it now appears on our recor a Limited Liability Company)	<u>ds.</u>)		
The Articles of Organization for this Limited Liability	Company were filed on January 9			
Florida document number LOSO0002880	<u>2_</u> .			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company here:			
The new name must be distinguishable and end with the w	and 44 imited I inhits. Commun. 2 the decima	40 (0°) 400 - 410		
"L.L.C."	voices Limited Liability Company, the designation	ation BC or abbreviation		
Enter new principal offices address, if applicable:		P 5 ====		
(Principal office address MUST BE A STREET ADL	DRESS)	SSET P		
		- T TT		
		5: I		
Enter new mailing address, if applicable:		Çm w		
(Mailing address MAY BE A POST OFFICE BOX)		,		
D. If amonding the projectional court and/an accident				
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		enter the name of the new		
·· ·				
Name of New Registered Agent:				
New Registered Office Address:				
	(Enter Florida str	(Enter Florida street address)		
<u></u>	, Flori	ida		
	(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 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 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 <u>Address</u> Type of Action MGRM ☐ Add 14814 N. Florich Are Trango FL 33615 Remove MGRM 14824 N Flinks Ave TAMM, FLOOM 33613 🗖 Add Remove ☐ Add Remove Kemove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated November 18, 2008. Signature of a member or authorized representative of a member Timofhy m 1toh (
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00