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T. HAMPTON

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EXAMINER

COVER-LETTER

P.O. Box 6327 Tallahassee, FL 32314

TO:	Registration S Division of Co		-	
SUBJi	ECT:	U- PAK	XPRESS, LLC	
0000				
The en	closed Articles of	f Amendment and fee(s) are sul	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
			RAUL O. BARBOSA	
			Name of Person	
			Firm/Company	
			2201 NW 110TH AVE	
			Address	
			MIAMI, FL 33172 City/State and Zip Code	
•		R. E-mail address:	AUL@ATRADE.COM to be used for future annual report noti	fication)
For fur	ther information	concerning this matter, please of	·	
		RA RODRIGUES	ur (-8382 EXT203
Name of Person		of Person	Area Code & Daytime Telephone Number	
Enclos	ed is a check for	the following amount:		
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations		ration Section	STREET/COUR Registration Secti Division of Corpo	on

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

U-PAK XPRI	ESS, LLC			
(Name of the Limited Liability Compan (A Florida Limited Liability)	y as it now appea ability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company v	vere filed on	07/09/2009	and assigned	
Florida document number L0900066054				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company her	<u>·e</u> :		
UPX - U PAK XP	·			
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Compa	iny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
			0 2	
			SECI JISIL JOSE	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
			골 중위 -	
			2: <u>-</u>	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ce address on o	our records, <u>enter t</u>	he names of fife new	
registered agent and/or the new registered office address here.	•			
Name of New Registered Agent:				
New Registered Office Address:				
	En	ter Florida street addi	ress	
		, 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 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 **Type of Action** <u>Title</u> **Address** <u>Name</u> ☐ Add Remove Remove ☐ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JULY 10 Dated _____ of a member of authorized representative of a member RAUL O BARBOSA Typed or printed name of signee Page 2 of 2 Filing Fee: \$25.00