

#L 10000067762

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(Address)

(Address)

(City/State/Zip/Phone #)

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12 JAN -5 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. BALLY
EXAMINER
JAN 9 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alpha and Omega Express Moving, 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:

Felecia Freeman
Name of Person

Alpha and Omega Express Moving, LLC
Firm/Company

PO Box 88
Address

Tavares, FL 32778
City/State and Zip Code

felecia@aoexpresscourier.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Felecia Freeman at (352) 735-8956
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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

FILED
12 JAN -5 PM 4:00

Alpha and Omega Express Moving
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 6/24/2010 and assigned
Florida document number L10000067762

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AO Express Courier & Delivery Svs., LLC

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)

4201 W. Old Hwy 441 Bldg 1
Mt. Dora, FL 32757

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:

Felecia Freeman

New Registered Office Address:

33820 Terragona Drive

Enter Florida street address

Sorrento

City

Florida

32716

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.

Felecia Freeman
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Felecia Freeman	33820 Terragon Drive Sorrento, FL 32776	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Christopher Freeman	12840 Helen Drive Grand Island, FL 32705	<input type="checkbox"/> Add <input checked="" 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 December 26, 2011
10/06/11
Felecia Freeman
Signature of a member or authorized representative of a member
Felecia Freeman
Typed or printed name of signee