Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150001610873)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number '

: (850)617-6383

From:

: ARES & COMPANY, C.P.A., P.A. Account Name

Account Number : 120000000268 Phone

: (305)229-8256

Fax Number

: (305)229-8252

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SERVIEXPRESS LOGISTICS LLC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

JUL 0 2 2015

Y SULKER

Electronic Filing Menu

Corporate Filing Menu

Help

· (H15000161087 3)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SERVIEXPRESS I	LOGISTICS LLC		
(Name of the Lim	ited Llability Compa (A Florida Limited)	ny as it now appears on our i Liability Company)	ecords.)	
The Articles of Organization for this Limited I Florida document number L11000046239	Liability Company	were filed on 04/18/2011	and ass	signed
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L	.L.C."
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STREET ADDRESS)				
				
Enter new mailing address, if applicable:		N/A		20
(Mailing address MAY BE A POST OFFICE BOX)				حدا
	.		3. • 74. · 22. Feb.	= "
B. If amending the registered agent and	day registered o	Man address on our re	(i) Je	of the resu
registered agent and/or the new registered of			enter the hanse	P II
Name of New Registered Agent:	MARTHA L. I	ESCOBAR	理 神	φο ' -
New Registered Office Address:	8302 NW 68T		Burds 7 - 134	<u>-</u>
	Enter Florida street address			
	MIAMI		, Florida <u>33166</u>	
	** **	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 605, 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

(415000161087 3)

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title		Name	Address	Type of Action
MGR	-	MARTHA LUCIA ESCOBAR	8302 NW 66 ST-MIAMI, FL 33166	■ Add
				□ Remove
				☐ Change
AMBR	- -	MILTON M.AMAYA RODRIGUEZ	8302 NW 66 ST-MIAMI,FL 33166	🖹 Add
•				□ Remove
				Change
AMBR	_	JAMES ALBERTO CARDENAS	8302 NW 66 ST-MIAM1,FL 33166	5 Add
				□ Remove
				Change
	_			TO AND T
				The second
		•		The Charge
<u></u>	_			
				□ Remove
				Change
				Add
				Remove
				☐ Change

(H15000161087 3) D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 06/30/2015 (optional) E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. JUNE 30 Dated_

Page 3 of 3

Signature of a member or authorized representative of a member

MARTHA LUCIA ESCOBAR

Typed or printed name of signee

Filing Fee: \$25.00