

## 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.

(((H15000162650 3)))



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

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name Account Number : I2000000268

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

: (305)229-8256

: (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.\*\*

Pm-il	Address:

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

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

Electronic Filing Menu

Corporate Filing Menu

Help

850-617-6381

7/6/2015 9:51:04 AM PAGE 1/001 Fax Server



July 6, 2015

## FLORIDA DEPARTMENT OF STATE

Division of Corporations

SERVIEXPRESS LOGISTICS LLC. 8273 NW 66TH ST MIAMI, FL 33166

SUBJECT: SERVIEXPRESS LOGISTICS LLC.

REF: L11000046239

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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) 245-6051.

Jenna D Harris Regulatory Specialist II FAX Aud. #: H15000162650 Letter Number: 515A00013989

FECEIVED

15 JUL -6 PM 3: 47

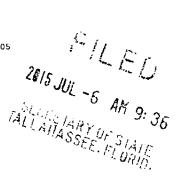
SECRETARY OF STATE
TALLAMASSIE, PLORID

See attachment. Please delete from records officers marked (x) at margen of Articles of Amendment and only leave those with Vat margen.

P.O BOX 6327 - Tallahassee, Florida 32314

7/6/2015 3:01 PM FROM: Fax TO: 1-850-617-6383 PAGE: 003 OF 005

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



S	ERVIEXPRESS L	OGISTICS LLC.		
(Name of the Limi	ted Liability Compr (A Florida Limited	ny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited L	iability Company	were filed on 04/1	8/2011	and assigned
Florida document number L11000046239	·			
his amendment is submitted to amend the foll	owing:			
a. If amending name, enter the new name o	of the limited liab	oility company her	<u>re</u> :	
N/A				•
he new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	8302 NW 68TH	ST - MIAMI, FL. 33	3166	
Principal office address MUST BE A STRE	ET ADDRESS)	,		
	•	•	···	
	•			
Enter new mailing address, if applicable:		8302 NW 68TH	ST - MIAMI, FL. 3	3166
Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and registered agent and/or the new registered of			our records, ento	er the name of the
egistered agent anoror the new registered to	mice auth ess nei		•	
Name of New Registered Agent:	MARTHA L.	ESCOBAR		
New Registered Office Address:	8302 NW 68T	H ST		
		Enter Flori	da street address	
•	MIAMI '		, Florida	33166
	*****	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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
J MGR	MARTHA LUCIA ESCOBAR	8302 NW 68TH ST - MIAMI, FL. 33164	
			🗆 Remave
			Change
J <sub>AMBR</sub>	MILTON M.AMAYA RODRIGUE	8302 NW 68TH ST - MIAMI, FL. 33/66	<b>■</b> Add
•		·	□ Řemove
			Change
√ <sub>AMBR</sub>	JAMES ALBERTO CARDENAS	8302 NW 68TH ST - MIAMI, FL. 33166	■ Add
			□ Remove
•			Change
(X) MER .	GARY RODRIGUEZ	8302 NW 68TH ST - MIAMI, FL.	Add
			Remove
			Change
(X) Manager	MARTHA L. ESCOBAR	8302 NW 68TH ST - MIAMI, FL	Add =
	•		Remove
		****	Ghange?
(x) AP	RAISSA RODRIGUEZ	8302 NW 68TH ST - MIAMI, FL.	
			■ Remove
			Change

	N/A
_	
_	Fu. E.
_	
_	
-	E.Y.
_	<del></del>
-	
-	
, -	
-	
-	
_	
_	
_	
	06/30/2015
an eff	ive date, if other than the date of filing:
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
•	
the	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
	, ЛUNE 30 2015
ated	
ated	Hasilia L Go telsar

Page 3 of 3

Filing Fee: \$25.00