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SEURETARY OF STATE

ALLIAHASSEF FLORIDA

F. Burch OCT 14 2013

COVER LETTER

TO: Negistration Section
Division of Corporations

SUBJECT: EXPRESS RELIANCE TRANSPORTATION L.C. C. 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:

ALI Rahman LAA Name of Person
Express Reliance transp
2710 PAIN ROYAL DV.
Address
Win de Cher FL 3478 (2 City State and Zip Code
E-mail address: (to be used for fixture annual report notification)

For further information concerning this matter, please call:

MLi Rahman KLa d at 407 367 - 8053

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 Chiffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Express Reliance	e Transportation	2 L.L.C.
(Name of the Limited L	iability Company as it now appears on our forda Limied Liability Company)	(<u>**CO1(IS.</u>)
The Articles of Organization for this Limited Lin Florida document number <u>L 11000 105</u>	· · · · · · · · · · · · · · · · · · ·	34/20/1 and assigned
	-h-de-ad-	=
This amendment is submitted to amend the follow	१ मध्यः	ECHANICAL FOR
A. If amending name, <u>enter the new name of t</u>	<u>he limited liability company here</u> :	ASSEE.
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the d	esignation LDC of the abbreviation
Enter new principal offices address, if applicat	ble:	P F
(Principal office address MUST BE A STREET	ADDRESS)	_/
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE B</u> e	<u>o.v</u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi		rds, <u>enter the name of the new</u>
Name of New Registered Agent:		,
New Registered Office Address:	Enter Florid	la street address
	/	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. If in the 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. Thereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ALI Rahmankhah	2710 PACIL ROYAL DI	_ 🔀 Add
		Windermore FL 3478(e	Remove
			-
			Add
		7.0	Remove
		ALL ALL	3 PCT
		SSEE	App
		- CORNO	Remove 13 CI Appl
		· · · · · · · · · · · · · · · · · · ·	-
			Add
			Remove
			Add
			Remove
			Add
			Remove

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
·	
-	
•	
ed	OCT 08, 2013
	The feeling
	Signature of a member or authorized representative of a member
	Shawn Rahmankhah
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED

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