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N. GUINGAR JUN - 5 26141

COVER LETTER³

TO:

Registration, Section Division of Corporations:

SUBJECT: SEND FAST USA 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:

NUBBY E RAMIREZ

Name of Person

SEND FAST USA LLC

Firm/Company

3225 SOUTHSIDE BLVD STE 4

Address

JACKSONVILLE, FL 32216

City/State and Zip Code

nubbyramirez@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nubby Ramirez

at (904) 476-0513

Name of Person

Area Code

Daytime Telephone Number

٠:

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

F:11=E'D 2014 MAY 30 PM 12: 38

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SEND FAST USA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab Florida document number <u>L11000121491</u>	ility Company were filed on	10/25/2011	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company	here:	
The new name must be distinguishable and end with the wo	rds "Limited Liability Company," t	the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	registered office address	on our records, enter	
New Registered Office Address:	Enter I	Florida street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the recompany has been notified in writing of this ch	and complete performance ered agent as provided for it gistered office address, I he	of my duties, and I am f in Chapter 605, F.S. Or,	familiar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

Title	Name	Address	Type of Action
AMBR	JAVIER J PEREZ	8861 SHELL ISLAND DR	■ Add
		JACKSONVILLE	□ Remove
		FL 32216	
			🗆 Add
			Remove
			Add
			□ Remove
			D Add
			Remove
			□ Add
			🗖 Remove
•			Add
	·		□ Remove

Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or file the date this document is filed by the Florida Department of State)	(optional) and date and cannot be more than 90 days after
Dated 05/12/2014	
	- •
Man Ping2	·
Signature of a member or duthor	ized representative of a member
Mainfry2	ized representative of a member

Page 3 of 3

Filing Fee: \$25.00

