L11000121491

(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ddress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Bu	isiness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				

Office Use Only



700263425127

08/20/14--01009--016 **30.00



177E 8-7 5014

COVER LETTER

TO:

Registration Section
Division of Corporations

SEND FAST USA LLC

SUBJECT:

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:

RICARDO RUIZ

Name of Person

SEND FAST USA LLC

Firm/Company

3225 SOUTHSIDE BLVD SUITE 4

Address

JACKSONVILLE, FL 32216

City/State and Zip Code

sendfastusa@gmail.com

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

For further information concerning this matter, please call:

RICARDO RUIZ

904 300-3540

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) Certificate of Status
Certified Copy
(additional copy is a feet

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 ARTICLES OF ORGANIZATION **OF**

SEND FAST USA LLC

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

	1 3,
The Articles of Organization for this Limited L Florida document number L1100012149	iability Company were filed on10/25/2011 and assigned1
This amendment is submitted to amend the foll	owing:
A. If amending name, enter the new name o	f the limited liability company here:
The new name must be distinguishable and end with the	words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered office address on our records, enter the name of the new fice address here:
Name of New Registered Agent:	RICARDO RUIZ
New Registered Office Address:	3225 SOUTHSIDE BLVD SUITE 4 Enter Florida street address JACKSONVILLE City South Page 1

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 Ricardo Registered Agent, Signature of New Registered Agent company has been notified in writing of this change.

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR ———	RICARDO RUIZ	3225 SOUTHSIDE BLVD	= Add
		SUITE 4, JACKSONVILLE	= □ Remove
		FL 32216	
MGR	NUBBY E RAMIREZ	1124 SCHEIDEL CT	□ Add
		ATLANTIC BEACH	■ Remove
		FL 32216	,
			Add
			□ Remove
			_
			III Remo
		3	AUG 20
			PAdd P
		·	3 : 40
			-
			_□ Add
			_□ Remove

D. If ame _	nding any other		iion, enter cha	inge(s) h 	iere: (Atta	ch additiona	ıl sheets,	if necessary.)
_								
(The effec	ve date, if other	ecific, canno	ot be prior to date	of receipt of	01/201		nore than 9	(optional) 0 days after
	this document is file 08/01/20		rida Department o	of State)				
	Ries	rdo	Rus					
	RICAR						a member	
			T	yped or pr	inted name o	tsignee		

Page 3 of 3

Filing Fee: \$25.00

