2/1000/37044

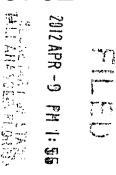
(Requestor's Name)			
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EXAMINER



200227840762



04/09/12--01048--013 **25.00

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Fleet express Auto Transport 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: Rigardo Louis Name of Person			
Name of Person			
Fleet express Auto Transport			
11066 SW 243 Street Address			
Homestead Florida 33032 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Rame of Person at (786) 368 - 8197 Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{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

Fleet Express Auto Transport, UC		
(Name of the Limited Liability Comba (A Florida Limited	KUA M2 II HOM MDDCAL2 ON ONL	records.)
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on <u>/2-0</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," the	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 5 Miani Flori	70974 da 33257
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Flori	da 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. 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** □ Remove ☐ Add ☐ Remove -61 - 1. Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Marie Clexy
Signature of a member or authorized representative of a member Marie Hexis
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00