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COVER LETTER

TQ:

Registration Section
Division of Corporations

SUBJECT:

TELEXPRESS CARGO 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:

MARTHA RODRIGUEZ

Name of Person

TELEXPRESS CARGO USA LLC

Firm/Company

6310 N ARMENIA AVE SUITE# A

Address

TAMPA, FL 33604

City/State and Zip Code

martatica@hotmail.com

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

For further information concerning this matter, please call:

MARTHA RODRIGUEZ

813₈₇₉₋₁₉₁₄

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TELEXPRESS CARGO USA LLC

company has been notified in writing of this change.

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

(A Florida Limited Liab	oility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L12000026261</u> .	ere filed on 02/23/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty company here:	
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Company," the designation "LI	C" or the abbreviation
Enter new principal offices address, if applicable:		EÀ E T
(Principal office address MUST BE A STREET ADDRESS)		
	r T	*; , , , , , , ,
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	5	6 1
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B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, enter th	ne name of the new
New Registered Office Address:	Enter Florida street address	
	, Florida City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	ony.	Zip Couc
new registered Agent's Signature, il changing Registered Agent:		
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and complet		

If Changing Registered Agent, Signature of New Registered Agent

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

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>Name</u>	<u>Address</u> <u>T</u>	ype of Action
MARTHA RODRIGUEZ	6310 N ARMENIA AVE Ste A	✓ Add
	Tampa, Fl 33604	Remove
		Add
		Remove
	FALLAHASSE AHASSE	Add Remove
	E FLORID	Add
		Add Remove
		Add Remove
		MARTHA RODRIGUEZ 6310 N ARMENIA AVE Ste A Tampa, FI 33604

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)