112000118947

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Se Division of Cor		*	₹ Tanana		
M J Expr	ëss Trücking Services,	LLC	. а		
	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.			
Please return all correspo	ondence concerning this matter t	to the following:			
	Diane Delgado				
	•	Name of Person			
	MJ Express Trucking	g Services, LLC			
	<u></u>	Firm/Company			
	2312 Clark Street, Ste B-1				
		Address			
	Apopka, Florida 327	03			
	-	City/State and Zip Code			
	D.Delgado.MJExpres	— -	(
Franchischer in Commention		o be used for future annual report notifi	cation)		
For further information of	concerning this matter, please ca				
Diane Delgado		407 929-3499			
Name o	of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for t	he 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 enclose		

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

ARTICLES OF A	AMENDMENT
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ARTICLES OF O	RGANIZATION 💎 🚜 🤲 🔧 🦿
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M J Express Trucking Service. LLC	ं क्रिक् ेस ्
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	AMENDMENT O RGANIZATION F Av as it now appears on our records. iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000118947</u>	were filed on September 18, 2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2312 Clark Street, Ste B-1
(Principal office address MUST BE A STREET ADDRESS)	Apopka, Florida 32703
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
_	Enter Florida 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 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 company has been notified in writing of this change.

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:

K	•			1			
MGR =	Manage	r	,				
AMBR =	· Authori	zed Mei	nber				

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	Montanez, Angel L	222 Anson Drive	
		Kissimmee, Florida 34758	■ Remove
MGR	CJ Express Enterprise	851 S. State Road 434, Ste 1070-348	
		Altamonte Springs, FL 32714	■ Remove
MGR	Diane Delgado	2312 Clark Street, Ste B-1	% Add
		Apopka, FLA 32703	Remove
			
			Remove
			□ Add
			☐ Remove

	ange(s) here: (Attach additional sheets, if necessary.)
•	
	
	
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	of receipt or filed date and cannot be more than 90 days after of State)
Dated November 4	2014
Sane Dele	ado
Diane Delgado	mber or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00