## L13000048540

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SECRETARY OF STATE
AHASSEE FLORIDA

\*SEP 3 0 2013

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

, MEC LOGISTICS,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:

MARCO REIS

Name of Person

**USA TAX CORP** 

Firm/Company

591 E SAMPLE RD

Address

POMPANO BEACH FL 33064

City/State and Zip Code

USATAX@USATAXFL.COM

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

For further information concerning this matter, please call:

MARCO REIS

,<sup>954</sup>,788-1818

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

MEC	10	<b>\</b>	CT		1.1	$\sim$
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(Name of the Limited Liability Company as it now appears on our records.)

(A)	Torida Limited Liability Company)	
The Articles of Organization for this Limited Lial Florida document number <u>L13000048540</u>	bility Company were filed on 04/03	2/2013 and assigned
This amendment is submitted to amend the follow	_	
A. If amending name, enter the new name of	the limited liability company here:	
COSTA EXPRESS,LLC		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company	"the designation "LLC" or the abbreviation,"
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
		<u> </u>
		L Si A Si
Enter new mailing address, if applicable:		FI SEP AHAS
(Mailing address MAY BE A POST OFFICE B	OX)	LE SEE
	<u></u>	70 <b>3</b> 0
B. If amending the registered agent and/or registered agent and/or the new registered off	r registered office address on ou ice address here:	r records, enter the name of the nev
Name of New Registered Agent:	ELIANA COSTA	
New Registered Office Address:	2661 NORTH EAST 18TH	STREET
New Registered Office Address.	Ente	Florida street address
	POMPANO BEACH	, Florida 33062
	City	Zip Code
New Registered Agent's Signature, if changing Ro	egistered Agent:	
I hereby accept the appointment as registered the provisions of all statutes relative to the pr accept the obligations of my position as regis being filed to merely reflect a change in the re company has been notified in writing of this c	oper and complete performance of tered agent as provided for in Cha egistered office address, I hereby o	my duties, and I am familiar with and pter 608, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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 **Address** Type of Action <u>Title</u> <u>Name</u> MGR\* 2661 NORTH EAST 18TH STREET ANTONIO C DA COSTA POMPANO BEACH, FL 33062 Remove **ELIANA COSTA** 2661 NORTH EAST 18TH STREET MGR POMPANO BEACH, FL 33062 Remove Remove Remove

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Dated	
	Okulla Li
	Signature of a member
	ANTONIO C DA CÓSTA
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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