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## **COVER LETTER**

Registration Section Division of Corporations

TO:

CUBICAT.	BIG RED EXPRES	S, LLC	7.0
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		JULIO RODRIGUEZ	
Name of Person  JC2Y SERVICES			<del></del>
Firm/Company 951 SW 87TH AVE			
Address MIAMI, FL 33174			
City/State and Zip Code JRODRIGUEZ@JC2Y.COM			<del></del>
	E-mail address: (	to be used for future annual report no	otification)
For further information	concerning this matter, please c	all:	
JULIO RODRIGUEZ		305 439-9367	
Name	of Person		me 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)
Regis Divis: P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive C	orations

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIG RED	EXPRESS, LLC		<b>ં</b> ભૂવ
(Name of the Limit	ed Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) mpany)	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
The Articles of Organization for this Limited L Florida document numberL13000174748	iability Company were file	d on 12/19/2013	and assigned
This amendment is submitted to amend the foll	owing:		•
A. If amending name, enter the new name o	f the limited liability com	pany here:	
The new name must be distinguishable and contain the v	vords "Limited Liability Compar	ny," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	eable:		
(Principal office address MUST BE A STREE	ET ADDRESS)	····	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and registered agent and/or the new registered o		ress on our records, ente	r the name of the new
Name of New Registered Agent:	LUIS ESTOPINAN		
New Registered Office Address:	7000 NW 177TH ST A	PT 106	
**************************************		Enter Florida street address	
	HIALEAH	, Florida	33015
	Ciţ		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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

, ,

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	LUIS ESTOPINAN	7000 NW 177TH ST APT 106	B
		HIALEAH, FL 33015	■ Add
			□ Remove
			Change
			□ Remove
			☐ Change
			Add
		Remove	
			□ Change
			□ Remove
		☐ Change	
			Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			□ Change

D. If amending any other information	, enter change(s) here: <i>(.</i>	Attach additional sheets, if necessary.)	
			<del>-</del>
<del> </del>			
<del> </del>			
			·
E. Effective date, if other than the date (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	specific and cannot be prior to d does not meet the applicable	(optional) ate of filing or more than 90 days after filing.) It estatutory filing requirements, this date w	Pursuant to 605.0207 (3)( ill not be listed as the
If the record specifies a delayed ef (b) The 90th day after the record	ffective date, but not a I is filed.	n effective time, at 12:01 a.m. or	n the earlier of:
Dated NOVEMBRER 16	2019		
<u> </u>	d	ed representative of a member	<del></del>
. 0	ILEIDYS PEREZ	ea representative of a memori	

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00