

L14006015519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

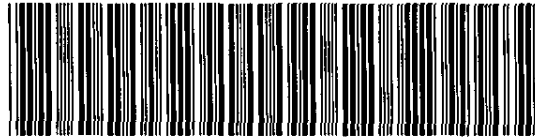
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 APR 21 PM 3:05
FOR ATTORNEY
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

APPROVED
AND
FILED
15 APR 21 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: National Freight Express, 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:

Evelyn Rivera
Name of Person

National Freight Express, LLC
Firm/Company

885 S. King's Highway
Address

Fort Pierce, FL 34945
City/State and Zip Code

Eva@NationalFreightExpress.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Evelyn Rivera at (561) 289-9071
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**

National Freight Express, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/28/2014 and assigned Florida document number 214000015514.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

885 S. King's Highway
Fort Pierce, FL 34945

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

885 S. King's Highway
Fort Pierce, FL 34945

B. If amending the registered agent and/or registered office address on our records, enter the name of the new 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

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APR 21 PM 3:10
CLERK
HAWKES COUNTY CLERK'S OFFICE
FORT PIERCE, FLORIDA

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jerome Allmacher	885. S. King's Highway Fort Pierce FL 34945	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Evelyn Rivera	885 S. King's Highway Fort Pierce FL 34945	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Luz M Canon-Rivera	6380 Tropical Way Vero Beach FL 32967	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	Luz M Canon-Rivera	885 S. King's Highway Fort Pierce, FL 34945	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

15 APR 21 PM 3:10
FILED
APR 21 2021
CLERK OF COURT
JANET L. BROWN

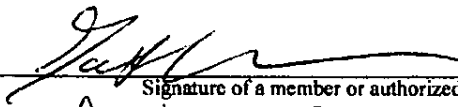
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: 4/20/2015 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 20, 2015.



Signature of a member or authorized representative of a member
Gustave S. Allmacher

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
APR 21 2015
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
MIAMI, FLORIDA

15 APR 21 PM 3:10

APR 21 2015