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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

	istration Sec ision of Corp			
SUBJECT:	Parcel Xpri	ess LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	I Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Sean Justice		
			Name of Person	
		Parcel Xpress LLC		
			Firm/Company	
		1991 E State Road 60		
			Address	
		Valrico, FL 33594		
			City/State and Zip Code	<u></u>
		seanjustice@mailboxsuite		
			to be used for future annual report notific	cation)
For further in	iformation co	oncerning this matter, please co	all:	
Sean Justic	e		201 993-0960 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling 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

Parcel Xpress LLC			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)		
The Articles of Organization for this Limited Liability Comparting Horida document number L14000118601	ny were filed on July 29, 2014	and assigne	ed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lis	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the	abbreviation "L.L.C.	••
Enter new principal offices address, if applicable:			- 13 -
(Principal office address MUST BE A STREET ADDRESS)		18	515 515 515 515 515 515 515 515 515 515
		٦	<u>57.</u>
	•		237- 687
Enter new mailing address, if applicable:		3	
(Mailing address MAY BE A POST OFFICE BOX)			73.
		<u>ည်</u>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		r the name of	the nev
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 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>	<u>Name</u>	Address	Type of Action
AMBR	Anastasia Justice	1991 East State Road 60	
		#304	□ Remove
		Valrico, FL 33594	Change
			Add
			□ Remove
			Change
~·			Add
			☐ Remove
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fective date, if other than	the date of filing:			(optional)	
on effective date is listed, the date of the date inserted in the date inserted in the cument's effective date on the date of	is block does not mee	t the applicable s	of filing or more that atutory filing requ	n 90 days after filing.	Pursuant to 605.02 will not be listed
record specifies a dela The 90th day after the		e, but not an	effective time,	at 12:01 a.m.	on the earlier
	;	2018			
July, 09	-				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00