# #114000124496

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(Address)				
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K.SALY EXAMINER AUG 25 2014

### **COVER LETTER**

TO: Registration Section
Division of Corporations

URIECT: FONTE 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:

# **ALBA E VIVAR**

Name of Person

# MIAMI DISPATCH & CARRIER SERVICES

Firm/Company

8040 NW 95TH ST STE 106

Address

HIALEAH GARDENS, FL 33016

City/State and Zip Code

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

For further information concerning this matter, please call:

ALBA E VIVAR

<sub>...</sub>305、305-822-0255

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

FILED
2014 AUG 22 PM 12: 20
TALLAHASSEE, FLORID.

### FONTE 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 we	ere filed on 08	/08/2014	and assigned	
Florida document number L14000124496					
This amendment is submitted to amend the following:	;				
A. If amending name, enter the new name of the lin	mited liabilit	y company he	<u>re</u> :		
The new name must be distinguishable and end with the words "l	Limited Liability	y Company," the	designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	_				
(Principal office address MUST BE A STREET ADI	DRESS)				
	-				
Enter new mailing address, if applicable:				·	
(Mailing address MAY BE A POST OFFICE BOX)	_			•	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		e address on	our records, <u>er</u>	iter the name of the ne	
Name of New Registered Agent:					
New Registered Office Address:					
New Registered Office Address.		Enter Flor	ida street address		
	, Florida				
<del></del>		City	,	Zip Code	
New Registered Agent's Signature, if changing Register	red Agent:				
I hereby accept the appointment as registered agen	nt and agree	to act in this c	capacity I furthe	r aoree to comply with th	

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FELIX F FERRUFINO	4811 SW 18TH ST	■ Add
		FORT LAUDERDALE, FL 33	3317 Remove
			<del></del>
			Add
			□ Remove
		•	ZIM NIG 22
			AUG 32 PK42: 20
· <u> </u>			
			Remove
		· · · · · · · · · · · · · · · · · · ·	<del></del>
			Add
			□ Remove
			□ Add
			☐ Remove

If amending any other information, enter change(s) here: (Attach additional	l sheets, if necessary.)
,	•
· · · · · · · · · · · · · · · · · · ·	
	<del></del>
Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be must be date this document is filed by the Florida Department of State)	(optional) nore than 90 days after
Dated AUGUST 15 2014	
Signature of a member or authorized representative of a	
Signature of a member or authorized representative of a ARIEL FONTE	a member

Page 3 of 3

FILED PHIZ: 20

Filing Fee: \$25.00