Division of Corporations 9/25/18, 10:58 AM

H18000025640

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : X-PRESS FREIGHT LOGISTICS LLC
Account Number : I20180000024
Phone : (305)342-8208
Fax Number : (786)272-0462

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ADRIANALEIGHTON@LIVE.COM

FILED
2018 SEP 25 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
2018 SEP 25 AM 12:41

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
X-PRESS FREIGHT LOGISTICS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$25.00

9-26-18

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: X-PRESS FREIGHT 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:

ADRIANA LEIGHTON
Name of Person

X-PRESS FREIGHT LOGISTICS LLC
Firm/Company

16780 SW 81ST AVE
Address

PALMETTO BAY, FL 33157
City/State and Zip Code

ADRIANALEIGHTON@LIVE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADRIANA LEIGHTON at (305) 3428208
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

TO
ARTICLES OF ORGANIZATION
OF

X-PRESS FREIGHT LOGISTICS 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 8/11/2014 and assigned Florida document number L14000125610.

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 contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

27524 CASHFORD CIRCLE
SUITE 102
WESLEY CHAPEL, FL 33544

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

27524 CASHFORD CIRCLE
SUITE 102
WESLEY CHAPEL, FL 33544

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: ADRIANA LEIGHTON

New Registered Office Address: 16780 SW 81ST AVE
Enter Florida street address

PALMETTO BAY, Florida 33157
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.

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2018 SEP 25 AM 11:5
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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TALLAHASSEE, FL

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TALLAHASSEE, FL

E. Effective date, if other than the date of filing: _____ **(optional)**
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated _____

_____
Signature of a member or authorized representative of a member

ADRIANA LEIGHTON
_____
Typed or printed name of signee

Filing Fee: $25.00