

L150000009031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

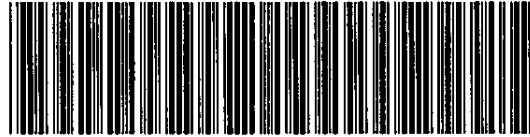
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Stivers APR 27 2015

I Abel Garcia a mgt member of
A3L X PRESS would like to
Remove RONALDE EDWIN TAYLOR

Should you have any further question

please send me a mail @ 3376

LanShore Bird
JACKSONVILLE FL 32210

OR call
(386) 453-1638

Abel

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A3 LXPRESS 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:

Abel Garcia
Name of Person

A3 LXPRESS LLC
Firm/Company

3376 Lake Shore Blvd
Address

Jacksonville Florida 32210
City/State and Zip Code

www.ableg49@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Abel Garcia at (386) 453-4038
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**

A3L Xpress 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 January 15 2015 and assigned Florida document number L15000009031.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3376 Lake Shore Boulevard
Jacksonville, Florida 32210 Apt 44A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3376 Lake Shore Boulevard
Jacksonville, Florida 32210 Apt 44A

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:

Abel Garcia

New Registered Office Address:

3376 Lake Shore Boulevard Apt 44A

Enter Florida street address

Jacksonville, Florida 32210

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 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>
<u>MGR</u>	<u>Ronald e Tylor</u>	<u>133 crystal Cove Rd</u>	<input type="checkbox"/> Add
		<u>Palatka Florida 32177</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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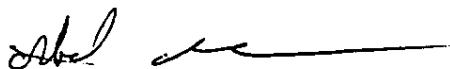
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (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 February 13, 2015, 2015.



Signature of a member or authorized representative of a member

Abel Garcia

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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