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To:

Division of Corporations

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From:

Account Name

: FRANK GUTTA CFA PA

Account Number: I19990000055

Phone

: (954)452-9813

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GROUND EXPRESS INVESTMENTS, LLC

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Mar. 12. 2015-10:09AM 625003

ARTICLES OF AMENDMENT TO A ARTICLES OF ORGANIZATION OF

Ground Express Investments, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on January 29th	and assigned
Florida document number L15000017775		_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and end with the words "Limite	d Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDRES</u>	22)	72. 72.
Enter new mailing address, if applicable:	-	2
(Mailing address MAY BE A POST OFFICE BOX)		——————————————————————————————————————
	4444	17: 31 STATE 10: 18:
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		er the name of the new
Name of New Registered Agent:	- da la	
New Registered Office Address:		
	Enter Florida street address	
	, Florida .	Zip Code
	Crty	tile 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

Page 1 of 3

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

Title	<u>Name</u>	Address	Type of Action
MGR	Donovan Jago	490 Sawgrass Corp Pkwy	■ Add
		Suite 310	□ Remove
		Sunrise, FL 33325	
MGR	Gavin Briant	490 Sawgrass Corp Pkwy	 Add
		Suite 310	□ Remove
		Sunrise, FL 33325	
			□ Add
			∏ Remove
			2015 HAR 12
			Premove 2
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			Remove
	*		
			
			Remove

and and and and an area	on, enter change(s) nere: (Attach a	dditional sheets, if necessary.)

Effective date, if other than the d	ate of filling:	(optional)
The effective date must be specific, cannot the date this document is filed by the Flori	be prior to date of receipt or filed date and co da Department of State)	innot be more than 90 days after
the date this document is filed by the Flori	be prior to date of receipt or filed date and co da Department of State) 2015	innot be more than 90 days after
the date this document is filed by the Flori	da Department of State)	innot be more than 90 days after
Jated	da Department of State)	

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