L15000038503

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APR 15 2015 N. CAUSSEAUX

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: FLORIDA OVERNITE XPRESS LLC Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Statement of Correction and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
JOSEPH ROHN Name of Person				
FLORIDA OVERNITE XPRESS LLC Firm/Company				
3811 FOX RIDGE BLVD				
WESLEY CHAPEL FL 33543 City/State and Zip Code				
FOXXEXPRESSLC @GMAIL. COM E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
JOSEPH ROHN at 813, 479-5934				
Name of Person Area Code Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:				
\$25 Filing Fee Sertificate of Status Certified Copy Certificate of Status Certified Copy Certified Copy				

CR2E062 (2/14)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursua	nt to see	ection 605.0209, F.S., this document is being submitted to correct a previously filed document.		
FIRST:		The name of the limited liability company is:		
		FLURIDA OVERNITE XPRESS LLC		
SECOND:		The Florida Document number of the limited liability company is: 4/5000038503		
THIRD:		Document to be corrected is: Entity Name		
		Document to be corrected is: Entity Name Electronic Articles of Organization		
	<u>(CH</u>	HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT		
V		ins an incorrect statement. The incorrect statement, the reason the statement is incorrect, and total statement are as follows:	the	
	Na	ane misspelled:		
		NOW: FLURIDA OVERNIGHT XPRESS LLC		
	SH	DULD BE: FWRIDA OVERNITE XPRÉSS LIC		
		defectively signed. The manner in which the document was defectively signed and the appropretion are as follows:	riate	
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		<u> </u>	71	
	OR	FLORIDATE	フ	
	The el	lectronic transmission of the record was defective.		
	ul	90. Relian. 3-13-15		
// Sig	grature	e of Authorized Representative Date		

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)