L15000120855

(Req	uestor's Name)	
bbA)	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Na	me)
(Doc	ument Number))
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



300278508303

11/05/15--01025--013 **25.00

NO NOV -5 PH 2: 50

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: Mid	wight Expre	SS AUTO TO	ransport L	.LC
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Marcos	Name of Person	M.	-
	Midnight Ex	Press Auto T. Firm/Company	ransport LLC	-
	103 6th	Street		-
	Ff Myers	City/State and Zip Code	104	-
	Midnight Exple	S Auto Transpay o be used for future annual re	yakos.co	ni,
For further information co	oncerning this matter, please ca			
Araos Name of	Roman	at (339)	90-4209 Daytime Telephone Number	:
Enclosed is a check for th	e following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	te of Status &
		ĭ		

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

FILED

ARTICLES OF ORGANIZATION

2015 NOV -5 PM 2: 50

MidNight Expres	SECHETARY OF STATE TALLAHASSEE, FLORIDA Inpany as it now appears on our records. Itel Liability Company
The Articles of Organization for this Limited Liability Comp Florida document number 1500012085. This amendment is submitted to amend the following:	7/11/10
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 I Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, enter the name of the new here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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 fimited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title **Type of Action** Name OUNER MARCOS A. ROMAN 103 GH Street FAMYOS FL **☑** Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

1	lease	Remove	" Div "	Peter -	Jģ. ├-	tec	1
٠				1 2 12 2	<u> </u>	<u> </u>	l
						_	
						_	
						_	
						_	
						_	
						_	
_						_	
							
				•		_	
					500	~	
					声点	201S	
	· · · · · · · · · · · · · · · · · · ·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			AON	. TT
					S. S.	_5	<u></u>
				·	TA TA	_ C1	m
_	<u> </u>					_₽	\Box
					28 24 25 24	Ÿ	
fective	date, if other than	the date of filing:		(optional))Am	50	
n effect	ive date is listed, the date	must be specific and cannot	t be prior to date of filing or	more than 90 days after filing.)	Pursuant to 6	05.020	7 (3)(b)
<u>ote:</u> II cumen	the date inserted in the	is block does not meet the Department of State's	e applicable statutory till records.	ng requirements, this date v	viii not de ii	sted as	tne
*****	rd specifies a dela	wod offoctive date	but not an offective	time, at 12:01 a.m. o	on the ear	·lier o	.F.
	Oth day after the		out not an enective	time, at 12.01 a.m. t	או נווכ כמו	iiei o	1.
	•						
Abore	Joyen ber	a	1015.				
ited T	<u> </u>	, <i>/</i>					
		\sim / /					
		(1)					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00