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SECRETARY OF STATE

COVER LETTER

TO: Registration Division of C	Section Corporations		
	AUX EXPRESS FREIGHT,LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	ELIETTE DORCENT		
	CORDE ALIV EVENEGE I	Name of Person	
	CORBEAUX EXPRESS F	REIGHT,LLC	
		Firm/Company	
	1631 ROCK SPRING RD	#134	
		Address	
	APOPKA.FL 32712		
	CORBEAUXEXPRESSFR	City/State and Zip Code EIGHT@GMAIL.COM	
	E-mail address; (to be used for future annual report notif	ication)
For further information	on concerning this matter, please ca	ali:	
ELIETTE DORCEN	r	407 845-9221 at ()	
Nan	ne of Person	Area Code Daytime	Telephone Number
Enclosed is a check fe	or 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

FILED

2018 OCT -4 PM 4: 50

CORBEAUX EXPRESS FREIGHT, LLC

(Name of the Limited Liability Company as it now appears on our records.) ARY OF STATE (A Florida Limited Liability Company) TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were fi	iled on 10-28-2015	and assig
Florida document number 1.15000185137		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability col	mpany here:	
The new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "LLC" or the abbr	eviation "L.L.C.
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 office ad registered agent and/or the new registered office address here:	idress on our records, <u>enter th</u>	i <u>e name of th</u>
registered agent and/or the new registered office address here:		
Name of Nam Davigtand August		
Name of New Registered Agent:		
New Registered Office Address:		· · · · ·
	Enter Florida street address	
	Florida	
Ciņ	Y	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ELIETTE DORCENT	375 NORTHLAKE BLVD 2027 ALTAMONTE SPRINGS FL	■ Add
			Remove
			□ Change
AMBR	OCTAR DORCENT	#513	Add
			■ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
			Change
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			Change
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if an effe <u>Note:</u>	we date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier o 90th day after the record is filed.
Dated _	10-2-18
	Signature of a member or authorized representative of a member
	Eliette DORcent OCTAK DORCENT Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00