

04/21/2016
4/21/2016

11:42 PDT

TO:18506176383 FROM:7862171243

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Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L16000098992

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000098990 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : JP GLOBAL BUSINESS
Account Number : I20130000083
Phone : (305)436-0093
Fax Number : (305)436-0094

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

Email Address: brickell@jpgbusiness.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
XPRESS LOGISTIC TRUCK LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

EFFECTIVE DATE 04/21/14

2016 APR 21 PM 3:21
2016 APR 21 A 10:16
FILED
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

APR 22 2016
J. BRUCE

Electronic Filing Menu

Corporate Filing Menu

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04/21/2016

11:42 PDT

TO: 18506176383 FROM: 7862171243

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(+160000989903)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: XPRESS LOGISTIC TRUCK 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:

SUSANA BIJANI

Name of Person

JP GLOBAL BUSINESS SOLUTIONS INC

Firm/Company

1395 BRICKELL AVE STE 1380

Address

MIAMI, FL 33131

City/State and Zip Code

BRICKELL@JPGBUSINESS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUSANA BIJANI

305 359-3700

Name of Person

at (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

FILED
2016 APR 21 A 10:16
TALLAHASSEE
SECRETARY OF STATE

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(File 0000989903)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

XPRESS LOGISTIC TRUCK 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 03/28/2016 and assigned
Florida document number L16000061892.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1451 W CYPRESS CREEK RD

STE 300

FT LAUDERDALE, FL 33309

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1451 W CYPRESS CREEK RD

STE 300

FT LAUDERDALE, FL 33309

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:

New Registered Office Address:

Enter Florida street address

City, Florida

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

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EFFECTIVE DATE

04/21/16

(File 0000989902)

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2016 APR 21 4 10:11
TALLAHASSEE, FLORIDA
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11:42 PDT

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(H160000989903)

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>	<u>Address</u>	<u>Type of Action</u>
AR	DANIEL GABAS	1451 W CYPRESS CREEK RD	<input type="checkbox"/> Add
		STE 300	<input type="checkbox"/> Remove
		FT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Change
AR	JUNIOR CHIQUE	1451 W CYPRESS CREEK RD	<input type="checkbox"/> Add
		STE 300	<input type="checkbox"/> Remove
		FT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2016 APR 21 A 10:16
SECRETARY OF STATE
TAMARA LORAN
ADD
REMOVE
CHANGE

FILED

(H160000989903)

Page: 1243
(4160000989903)

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: 04/21/2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 04/21/2016

David Gebes
Signature of a member or au

Signature of a member or authorized representative of a member

DANIEL GABAS

Typed or printed name of signee

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Filing Fee: \$25.00

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