## LICOOOCITICS

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #	<del>f)</del>
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	·)
(Document Number)		
Certified Copies	Certificates o	f Status
Special Instructions to	o Filing Officer:	
}		

Office Use Only



300316999593

08/15/16--01008--018 ••25.00

18 AUG 15 AH 9: 15
SECKLI AND OF STATE
ORD

K SALY AUG 23 2018

## **COVER LETTER**

то:	Registration Se Division of Cor				
SHRJF	CT:	Notiv	LLC		
501917			Name of Lim	ited Liability Company	<del></del>
			nt and fee(s) are sub	<del>-</del>	
· reader	etam an correspo	indence ev	needing in anima	to the following.	
			LASON THE	Name of Person	
				Name of Person	
			VMOTIV LL	Firm/Company	
			532-1 HOGI		
				Address	
		<del></del>	WINTER HAV	City/State and Zip Code	<del></del>
				motivic@gmail.com to be used for future annual report not	1
			E-mail address: (	to be used for future annual report not	ification)
For furtl	her information c	oncerning	this matter, please ca	all:	
	JASON .	THILL	<u>.</u>	at ( <u>600</u> ) <u>331 G</u> Area Code Daytin	<u>6</u> 95
	Name o	f Person		Area Code Daytin	ne Telephone Number
Enclose	d is a check for th	ie followir	ng amount:		
\$25	.00 Filing Fee	□ \$30. Ce	00 Filing Fee & rtificate 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)
	Registr	ING ADD ration Section of Corne	ion	STREET/COUR Registration Section of Com-	on

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18 AUC	FIL.ED
SECHE ALLAHAS	S AM 9:20
	E. FLORIDA

5 Lab =	ALLAHI COLOR S
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
	ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>LNGOOD 771(63</u> .	were filed on $\frac{4/\sqrt{2016}}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
PLANET EXPRESS FREIGHT LLC	The state of the s
The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable:	SSZI HOGAN LAKE. WINTER HAVEN FL 33884
(Principal office address MUST BE A STREET ADDRESS)	WINTER HAVEN FL 33884
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:	fice address on our records, <u>enter the name of the ne</u> g:
<del>_</del>	
New Registered Office Address:	Enter Florida street address
	. Florida Zip Code
	City 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 FILED

18 AUG 15 AM 9: 20

SECRETARIESTE FLORIDA or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action <u>Address</u> Name Title □ Add ☐ Remove ☐ Change □ Add \_□ Remove \_□ Change \_D Add \_□ Remove ☐ Change \_□ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change \_□ Add ☐ Remove ☐ Change

	10	FILED  UG 15 AM 9: 20  IASSEE, FLORIDA
	<u>'б д</u>	<u>UG 15 44</u>
	TALL	12. Art 9.20
	The LAND	MSSFE STATE
		EL-ORIDA
		·
		<del></del>
		<u> </u>
	than the date of filing: (optio	
	the date must be specific and cannot be prior to date of filing or more than 90 days after in this block does not meet the applicable statutory filing requirements, this	
	on the Department of State's records.	date will not be listed as
record specifies a	delayed effective date, but not an effective time, at 12:01 a	.m. on the earlier of
The 90th day after		
ated	·	
	1 A D	
	Signature of a member for authorized representative of a member	
	Signature of a megasetfor authorized representative of a member	
	LASON THUL Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00