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## **COVER LETTER**

Div	ision of Corpo	orations		
SUBJECT:	EXPRESS CA	ARGO LOGISTICS, LLC		
		Name of Limi	ted Liability Company	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
The enclosed	l Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return	all correspond	lence concerning this matter (	to the following:	
		ELIZABETH MONSERRA	ATE	
			Name of Person	
		EXPRESS CARGO LOGIS	STICS, LLC	
			Firm/Company	
		PO BOX 528031		
,			Address	
		MIAMI, FLA. 33152		
			City/State and Zip Code	
		emonserrate@gmail.com		
		E-mail address: (t	o be used for future annual report no	otification)
For further in	nformation con	cerning this matter, please ca	ll:	
ELIZABETI	H MONSERR	ATE	305 519-1541	
	Name of F	erson		me Telephone Number
Enclosed is a	check for the	following amount:		
\$25.00 F	iling 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)

TO:

**Registration Section** 

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

2016 SEP 27 PM 4: 18

ALTORETARY OF STATES
ALTORITAN

**EXPRESS CARGO LOGISICS, LLC** 

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

		PED 13 2016
The Articles of Organization for this Limited Liability C	Company were filed on SEPTEM	BER 13, 2016 and assigned
Florida document number <u>L1600171155</u>	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designat	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
		, Florida
Non-Boddened Access Street Access 18 days 18	City	Zip Code
New Registered Agent's Signature, if changing Registere	a 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

## amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added 2016 SEP 27 PM 4: 18 SECRETARY OF STATE HALLAHASSEE FLORIDE or removed from our records: MGR = Manager AMBR = Authorized Member **Title** <u>Name</u> <u>Address</u> **Type of Action ELIZABETH MONSERRATE** MGR □ Add □ Remove Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change Ď Add ☐ Remove ☐ Change \_□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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