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Office Use Only



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D. BRUCE JAN 24 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: NEW EXPRESS Freight 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:
Jovante Williams Name of Person
Firm/Company
2645 14th Ave South Address
St. Hersburg Fla 33712 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  Name of Person  Area Code  Daytime Telephone Number  Area Code
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certificate of Status \$\times \text{Certified Copy} \\ (additional copy is enclosed)\$\$ Certified Copy \\ (additional copy is enclosed)\$\$ Certified Copy \\ (additional copy is enclosed)\$\$

#### MAILING ADDRESS:

TO:

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

New Express (Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number 4 (1900) 1338 74	Company were filed on 12/29/11/2 and assigned
This amendment is submitted to amend the following:	(A Florida Limited Liability Company)  of Organization for this Limited Liability Company were filed on
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lin	des of Organization for this Limited Liability Company were filed on
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	PRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	\$36 23 A B A B A B A B A B A B A B A B A B A
	(A Florida Limited Liability Company)  Limited Liability Company were filed on
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies 90th day after the record is filed.	ier of:
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The	90th day after the record is filed.	ier of:

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\_Filing-Fee: \$25:00