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(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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COVER LETTER

	egistration Sec vision of Corp			
ero irzer	Mutch Expe			
SUBJECT	:		ited Liability Company	
The enclose	ed Articles of a	Amendment and fee(s) are sub-	nitted for filing.	
Please retur	n all correspon	ndence concerning this matter	to the following:	
		Robert Moffett		
			Name of Person	-
		Mutch Expedite		
			Firm/Company	
		32536 Willow Parke Cir		
			Address	
		Fernandina Beach, FL 320	34	
			City/State and Zip Code	
		p23transportflc@gmail.com E-mail address: (1	to be used for future annual report notifi	ication)
For further	information co	oncerning this matter, please ca		
Robert Mo	ffen		561 222-5263 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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

2017 JUL -5 PM 3:29

INTERPRESENTATION OF STATE

Mutch Expedite, LLC

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

(A Florida Limited Liability Company)

		FLORIO
The Articles of Organization for this Limited Florida document number $\frac{1.17000014567}{1.17000014567}$		18/2017 and assigned
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company he	ere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	****
(Principal office address MUST BE A STRE	ET ADDRESS)	
(Mailing address MAY BE A POST OFFICE		
The state of the s		our records, <u>enter the name of the</u>
		our records, enter the name of the
registered agent and/or the new registered of New Registered Agent:	office address here:	our records, enter the name of the
registered agent and/or the new registered of	Robert Moffett 32536 Willow Parke Cir	i our records, <u>enter the name of the</u>
Name of New Registered Agent:	Robert Moffett 32536 Willow Parke Cir	

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

Title	Name	Address	Type of Action
MGR	Joshua Mutchler	97002 Cobbler Ct	□ Add
		Yulee, Fl. 32097	≅ Remove
			☐ Change
			□ Remove
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n effective date is listed, the date note: If the date inserted in this	iust be specific an block does not	id cannot be pric meet the appli	r to date of filli cable statutor	g or more than 90 y filing requiren	days after nu nents, this da	ng.) Pursuant to ite will not be	> 605,020 : listed a
cument's effective date on the				· ·			
record specifies a delay The 90th day after the re			ot an effect	ive time, at	12:01 a.m	n, on the e	arli e r o
June 30		2017					
ted		7	<u> </u>				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00