217000021708

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SECRETARY OF STATE
VISION OF CORPORATIONS

N COOPER MAY 2 9 2018

COVER LETTER

TO: Registration Division of C			
	RESS LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	nitted for filing.	
	pondence concerning this matter t		
	MARIA J. RAMAREZ		
		Name of Person	-
		Firm/Company	
	941 NW 59TH AVENUE		
		Address	
	OCALA FL 34482		
		City/State and Zip Code	
	MJRXPRESS1328@OUTL		
	E-mail address: (to be used for future annual report notific	eation)
For further information	concerning this matter, please ca	all:	
MARIA J. RAMIREZ		405 777-1691 at ()	
Name	of Person	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MJR XPRESS LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 01/27-2017	and assigned
Florida document number L17000021708		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
		SICA
		72
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		9
		
B. If amending the registered agent and/or registered agent and/or the new registered office add	tered office address on our records, ress here:	enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	<u> </u>	
	, Flo	orida
	City	rap 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

Page 1 of 3

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	MARIA J RAMIREZ	941 NW 59TH AVE OCALA FL 3448.2	■ Add
			🗆 Remove
			Change
MGR	LAZNIER MARTINEZ	208 JAYVIEW AVE LEHIGH AC RESS	
		FL.33936	Remove
			Change
	-		
			□ Remove
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and the state of fillings	(optional)
tive date, if other than the date of filing: ffective 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
ffective date is listed, the date must be specific and cannot be prior to date of fitting of the date inserted in this block does not meet the applicable statutory fitting of the date inserted in the Department of State's records.	tring requirements, this date will not be its
ment's effective date on the Bepariment	
ecord specifies a delayed effective date, but not an effective	ve time, at 12:01 a.m. on the earl
e 90th day after the record is filed.	
2010	
d MAY 23 2018	
DO DO	
Signature of a member or authorized represen	tative of a member
/ Signature of a memoral of animon of section and	

Page 3 of 3

Filing Fee: \$25.00