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Ruiz Movi SUBJECT:	ng & Logistics LLC		
SUBJECT:	Name of Lin	nited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Yunier Ruiz		
		Name of Person	, in
	Ruiz Moving & Logistics	LLC	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	465 N Fronda St.		-
		Address	
	Clewiston, FL 33440		3
		City/State and Zip Code	
	ruizmovingservices@gmail	l.com	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Yunier Ruiz		786 909-8583	
Name 6	of Person		e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations 'allahassec e Street, Suite 810

TO:

Registration Section Division of Corporations

TO ARTICLES OF ORGANIZATION OF

Ruiz Moving & Logistics LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 02/02/2017 and as Florida document number $\frac{1.17000026590}{1.17000026590}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Yuma Express LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the ne agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 conprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar waccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this does being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liab company has been notified in writing of this change.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type c
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			⊡Rc
			
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			□A-
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D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	## ## ##
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Note:	tive date, if other than the date of filing:
I the recordis ti	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day iled.
Dated	16/210/2020
	Signature of a member or authorized representative of a member DOIN DOIF

Filing Fee: \$25.00