L17000040369

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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J. HARRIS

COVER LETTER

Div	vision of Cor	porations		
CUD IECT.		EXPRESS TRUCKING LLC		
Name of Limited Liability Company				
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		RANDY S SANFORD		
			Name of Person	····
		SANFORD EXPRESS TR	UCKING LLC	
			Firm/Company	
		295 PLANTATION DRIV	E	
			Address	
		TITUSVILLE FL 32780		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		SANFORDRAPIDTRUCK	-	
			to be used for future annual report notifi	cation)
For further i	nformation co	oncerning this matter, please co	all:	
RANDY S	SANFORD		321 505-8353 at ()	
	Name of	Person		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:

TO:

Registration Section

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

SANFORD EXPRESS TRUCKING	G LLC				
(Name of the Limit	t ed Liability Con (A Florida Limit	npany as it now appears on ed Liability Company)	our records.)		
The Articles of Organization for this Limited L	iability Compa	ny were filed on 02/21/2	017	_ and assi	gned
Florida document number L17000040369					
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the limited li	ability company here:			
SANFORD RAPID TRUCKING LLC					
The new name must be distinguishable and contain the w	vords "Limited Li	ability Company," the design	ation "LLC" or the abbre	viation "L.I	C."
Enter new principal offices address, if applic	able:	N/A			
(Principal office address MUST BE A STREE	T ADDRESS)				
Enter new mailing address, if applicable:		N/A		APR	
(Mailing address MAY BE A POST OFFICE)	ROY)	· · · · · · · · · · · · · · · · · · ·		27	THE P
MATERIAL DE ATOST OFFICE	<u>DOM</u>			72	200 m
				£	200
B. If amending the registered agent and/	or registered	office address on our	records, enter the		of the ne
registered agent and/or the new registered of			· ·	Ų,	Ť,
	N/A				
Name of New Registered Agent:	14/74				
New Registered Office Address:	 				
		Enter Florida st	reet address		
			, Florida	PT. 27. 1	
		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
	N/A		🗖 Add
			Remove
			☐ Change
			Add
			🗅 Remove
			Change
			Add
			Remove
			Change
			□ Add
			☐ Remove
			Change
	***************************************		DAdd ::: PR :::DRemove
			P Change S A
			Add A
			Remove
			Change

		
fective date, if other than the	date of filing: N/A	(optional)
n effective date is listed, the date mus	t be specific and cannot be prior to date of filing or more than 9	90 days after filing.) Pursuant to 605.0207
cument's effective date on the D	ock does not meet the applicable statutory filing require epartment of State's records.	ments, this date will not be fisted as
record specifies a delayer	effective date, but not an effective time, a	t 12:01 a.m. on the earlier of
The 90th day after the rec		
A TOD IT OUTST	2015	17
ated APRIL 24TH	, 2017	APR
A	1. 64	₹
/W	Signature of a member or authorized representative of a mem	7
	Signature of a memori of antiforized representative of a men	nber \mathbf{Z}
RANDY S SANFORD		
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00