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Special Instructions to f	Filing Officer:	

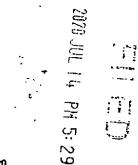
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S. YOUNG

COVER LETTER

TO:

	gistration Se vision of Cor		,	
		AY LOGISTIC LLC	,	
CUD INCT		AT LOGISTIC BBC		
SUBJECT:	:	Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		Nelson Alizo Marin		
			Name of Person	
		XPRESSWAY LOGISTIC	S LLC	
			Firm/Company	
		6220 S Orange blossom To	rail #180	
		-	Address	
		Orlando FL 32809		
		Xpresswaylogistics@gmail	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For further	nformation c	oncerning this matter, please c	all:	
Nelson Aliz	0.		786 4198124	
			at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	ne 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)
	iling Addres		Street Address:	
Registration Section Division of Corporations			Registration Section Division of Corporations	
	vision of C D. Box 632	_	The Centre of	-
	Ilahassee, F			ne Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

XPRESSWAY LOGISTIC 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 L17000128968 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 6220 S Orange Blossom Trail #180 Enter new principal offices address, if applicable: Orlando FL 32809 (Principal office address MUST BE A STREET ADDRESS) 6220 S Orange Blossom Trail #180 Enter new mailing address, if applicable: Orlando FL 32809 (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 new registered 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 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>	<u>Name</u>	Address	Type of Action
MGR	Nelson Alizo Marin	6220 S Orange Blossom Trail #180 Orlando Fl 32809	
			= Add
			□Remove
			□Change
Secretary	Gabriela Nougues	6220 S Orange Blossom Trail #180 Ortando Fl 32809	
			□ Remove
			□Change
			🗆 Add
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f an eff <u>Note:</u>	we date, if other than the date of filing:
recor d is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
	07/08/2020
Dated	··
	Aztuno leone
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00