117000200436

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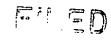
	Registration S Division of Co			
CHID IEC	FLORIDA	LOGISTIC EXPRESS LLC		
SOBJEC	·I ·		ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		ARLEN RODRIGUEZ		
			Name of Person	
		EBYAR PROFESSIONAL	L OFFICE SERVICES	
			Firm/Company	
		2989 W STATE RD 434 S		
			Address	
		LONGWOOD, FL 32779		
	ww.		City/State and Zip Code	
		SITEAYUDAMOS@YAH		
		ti-mail address: (to be used for future annual report noti-	fication)
For furthe	er information o	concerning this matter, please ca	all:	
ARLEN	RODRIGUEZ		407 692-0101	
	Name c	of Person	at ()	e Telephone Number
Enclosed	is a check for t	he following amount:		
\$ 25.0	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 JUL -5 PH 4:59

FLORIDA LOGISTIC EXPRESS 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 09/27/2017 and assigned Florida document number L17000200436

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 "LLC"

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 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	ELISA TERESA BENCOMO	1139 SUNCREST DR APOPKA, FL 32703	Add
			■ Remove
			Change
MGR	NORELIS LOPEZ RODRIGEZ	1720 SUN RIGDE DR APOPKA, FL 32703	Add
			■ Remove
			□ Change
			□ Add
			Remove
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Filing Fee: \$25.00