

L17000227398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

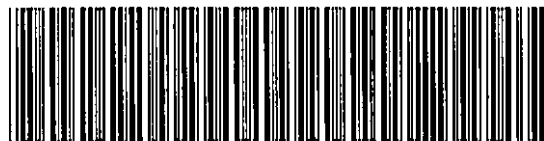
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wong Bank

Office Use Only



400318668544

03/26/18 01005 001 4425.00

FILED
19 FEB 26 PM 6 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
FEB 27 2019

MAILBOX CENTER EXEX
205 S. DIXIE DR. HAINES CITY, FL. 33844
863-422-1374 | 863-438-2760 |

fax

TO: Octavia Simmons FROM: Your name Clifton Gaines
FAX: 1-850-245-6030 PAGES: 6
PHONE: _____ DATE: 2/26/19
RE: _____ CC: _____

☐ Urgent

☐ For Review

☒ Please Comment

☐ Please Reply

☐ Please Recycle

Comments: Your comments here

2019 FEB 26 11:12 AM



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 10, 2018

SUBJECT: XXXPRESS TRUCKING LLC
Ref. Number: L17000227398

We have received your document for XXXPRESS TRUCKING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 318A00025292

2018 DEC 10 PM 12:42



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 20, 2018

NORMAN ROY, IV
PO BOX 1053
FROSTPROFF, AL 33843

SUBJECT: XXXPRESS TRUCKING LLC
Ref. Number: L17000227398

We have received your document for XXXPRESS TRUCKING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PARTNERSHIP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 718A00021497

2018 DEC -7 AM 10:13



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 1, 2018

NORMAN ROY IV
77 GARRISON LANE
FROSTPROOF, FL 33843

SUBJECT: XXXPRESS TRUCKING LLC
Ref. Number: L17000227398

We have received your document for XXXPRESS TRUCKING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PARTNERSHIP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 818A00020385

2018 OCT 15 AM 10:10

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: XXXpress Trucking LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Clifton Gaines

Name of Person

XXXpress Trucking LLC

Firm/Company

77 Garrison Lane

Address

Frostproof / FL / 33843

City/State and Zip Code

clifton33843@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clifton Gaines

863 201-3421
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**

XXXpress Trucking 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 11/02/2019 and assigned
Florida document number L17000227398

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

City

Florida

N/A
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	Norman Roy		<input type="checkbox"/> Add
		668 Cornwallis Dr. Davenport, FL 33897	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
19 FEB 20 PM 25
DEPT OF STATE
HALL, TAMPA, FLORIDA

