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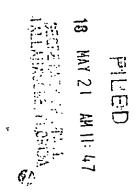
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	, <u> </u>
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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O SIMMONS MAY 2 2 2018

COVER LETTER

	gistration Sec ision of Corp			
SUBJECT:		s Transport LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return	all correspon	dence concerning this matter t	to the following:	
		Jose H. Maldonado		
			Name of Person	
		Polar Express Transport LI	.C	
			Firm/Company	
		5349 Treig Ln.		
			Address	
		Wesley Chapel FL. 33545		
			City/State and Zip Code	<u> </u>
		Polarexpresstransport@hotn	nail.com o be used for future annual report	Inotification)
For further in	nformation co	ncerning this matter, please ca		indiffication)
Jose H. Mal	donado		801 916-599 at ()	
	Name of	Person	Area Code Da	sytime Telephone Number
Enclosed is a	a check for the	e following amount:		
■ \$25.00 F	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

Polar Express Transport LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
ne Articles of Organization for this Limited Liability Compar	ny were filed on 11/13/2017	and assigned
orida document number L17000234003		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or	the abbrestation "L.L.C."
nter new principal offices address, if applicable:		1000 美工
Principal office address MUST BE A STREET ADDRESS)		20
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address he		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer i wrata siryei daaress	
	, Florid	da
	1 1117	an cara

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
AMBR	Vanessa A Pica	5349 Treig Ln.	B Add
		Wesley Chapel FL 33545	Remove
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			Remove
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Effectiv	re date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
Note: If	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
documer	nt's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie
ine s	90th day after the record is filed.
Dated _	
	m 11)1
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00