Division of Corporations Electronic Filing Cover Sheet

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(((H20000081434 3)))



H2000000814343ABCW

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : THREE K FAST CARRIER SERVICES INC

Account Number : I20180000033

Phone

: (305)805-3516 : (305)887-5844

Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN XPRESS AUTO, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help Y SULKER MAR 1 2 2020

COVER LETTER

(H200000814343)

(C): Registration Sect Division of Corpu				
XPRESS AU	TO LLC			
SUBJECT:	Name of Lim	ted Liability Company		
The enclosed Articles of A	mendment and fec(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	XPRESS AUTO LLC			
		Name of Person		
	GERARDO CASTILLO			
		Firm/Company		•
	350 W 35TH ST			
		Address		•
	HIALEAH, FL 33012			
		City/State and Zip Code		
	XPRESSAUTO1@YAHO			
	E-mail address: (to be used for future annual repor	i nonnication)	
For further information co	incerning this matter, please c	all:		
GERARDO CASTILLO		786 438-676	51	
Name of	Person Person	Area Code Di	aytime Telephone Numbe	r
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)) Certifiex	ate of Status &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(H200000814343)

XPRESS AUTO LLC			
(<u>Name of the Limited</u> (A	Liability Comp	any as it now appears on our rect Liability Company)	ords.)
The Articles of Organization for this Limited Lia lorida document number 118000007693	oility Compan	y were filed on 3-11-2020	and assigned
his amendment is submitted to amend the follow	vi p g:		
A. If amending name, enter the new name of	the limited lia	bility company here:	
N/A	·		
The new name must be distinguishable and contain the wo	rds "Limited Lia	bility Company," the designation "L	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	N/A	
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing ad dress, if applicable: <u>(Mailing address MAY BE A POST OFFICE I</u>	<u>sox)</u>	N/A	2020 HAR I
B. If amending the registered agent and/or re agent and/or the new registered office addres	egistered offic s here:	e address on our records, <u>en</u>	eter the name of the new registers
Name of New Registered Agent:	N/A		7
New Registered Office Address:		Enter Florida street aa	idress
			. Florida
		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.

142000008143U3)

If amonding Authorized Person(s) authorized to	manage, enter the title, name, and address of each person being adder	עַ
If allienting Matter tyes I clook(s) agence the		
or removed from our records:		

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
MBR	DIANA CHAVIANO	2900 NE 30TH STREET #11	= Add
		FT. LAUDERDALE, FL 33306	Remove
			DAdd
			Пестоve
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Remove
			Change

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	Gerardo Castillo = 90%.
-	Diana Chaviano = 10 %
_	Diara Colorviano = 00 /2
_	
-	
-	
-	
-	
-	
-	
ffec	tive date, if other than the date of filing: 3-11-2020 (optional)
	frective 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 If the date inserted in this block does not recet the applicable statutory filing requirements, this date will not be listed
locu:	ment's effective date on the Department of State's records.
rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
d is	filed.
Date	1 // War 11 2020.
	Signature of a member or authorized pepresentative of a member
	Comma di Castilla

Filing Fee: \$25.00