(Rei	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

	Divi	ision of Cor	porations		
sı	BJECT:	EP TRUCK	LING XPRESS LLC		
			Name of Limi	ited Liability Company	
Tł	e enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Ρŀ	ease return	all correspo	ndence concerning this matter	to the following:	
			ELSA E GARCIA		
				Name of Person	
			EP TRUCKING XPRESS	LLC	
				Firm/Company	
			29820 SW 154TH CT		
				Address	
			HOMESTEAD, FL 33033		
				City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
			F-mail address: (t	to be used for future annual report notifica	tion)
Fo	r further in	formation c	oncerning this matter, please ca	•	,
E	LSA E GA	RCIA		786 259-6598 at ()	
		Name o	f Person	Area Code Daytime To	elephone Number
Er	closed is a	check for th	e following amount:		
	\$25.00 F	iling 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)

TO:

Registration Section

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

EP TRUCKING XPRESS LLC		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L18000018455		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	
		SE VS
		ON C
Enter new mailing address, if applicable:		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		
		= RSIA
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our records, <u>ent</u> ess here:	ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
N. B. C. L. A. C. L. B. C. B.	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.

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>	Type of Action
MGR	CLEMENTE GONZALEZ	29820 SW 154TH CT	
		HOMESTEAD, FL 33033	■ Remove
			Remove
			☐ Change
			Add
			Remove
,			☐ Change
			Add
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	te, if other than thate is listed, the date m	ne date of filing: nust be specific and cannot block does not meet	the applicable st	of filing or more than atutory filing requir	(optional) 90 days after filing.) rements, this date	Pursuant to 605.020 will not be listed a
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Note: If the of document's electric section is the record section.	date inserted in this late inserted in the	Department of State'	's records.	effective time, a	at 12:01 a.m. (on the earlier (
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