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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2018 DEC 13 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FL

R. WHITE
DEC 21 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: XPRESS LANE LOGISTICS

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:

LADISLAO HERNANDEZ

Name of Person

XPRESS LANE LOGISTICS

Firm/Company

451 HERITAGE CIR

Address

PEMBROKE PINES FL 33029

City/State and Zip Code

XPRESSLANEDISPATCH@GMAIL.COM

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

For further information concerning this matter, please call:

LADISLAO HERNANDEZ

786 282-4347
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

XPRESS LANE LOGISTICS

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2018 DEC 13 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 01/2018 and assigned Florida document number LI8000019515.

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 "L.L.C."

Enter new principal offices address, if applicable:

500 HERITAGE CIR

(Principal office address MUST BE A STREET ADDRESS)

PEMBROKE PINES FL 33029

Enter new mailing address, if applicable:

500 HERITAGE CIR

(Mailing address MAY BE A POST OFFICE BOX)

PEMBROKE PINES FL 33029

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:

MARIA HERNANDEZ

New Registered Office Address:

500 HERITAGE CIR

Enter Florida street address

PEMBROKE PINES

City

Florida 33029

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>
	LADISLAO HERNANDEZ	451 HERITAGE CIR PEMBROKE PINES FL 33029	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	MARIA HERNANDEZ	500 HERITAGE CIR PEMBROKE PINES FL 33029	<input checked="" 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
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			<input type="checkbox"/> Change

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E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 12/10/18 _____, _____

Signature of a member or authorized representative of a member

Typed or printed name of signee