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	e	rtified Copies Certificates of Status
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SECRETARY OF STATE TALLAHASSEE. FLORIDA

SECRETARY OF STATE

COVER LETTER

TO:

Registration Section

Division of Corpor	rations				
UNIVERSAL SUBJECT:	EXPRESS AND CARGO	rrc			
SUBJECT:	Name of Lin	nited Liability Compan	y		
			•		
The enclosed Articles of Art	nendment and fee(s) are sub	omitted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
	EANKARLOS ALZUAT	E			
		Name of Perso	n		
		·			
		Firm/Company	1		
	778 NW 46 STREET				
		Address			
	MAMI, FL 33166				
		City/State and Zip (Code		
j	EANKARLOSALZ@HO	TMAIL.COM			
-	E-mail address: (to be used for future ar	nnual report notifi	cation)	
For further information conc	rning this matter, please c	all:			
JEANKARLOS ALZUATE		786 at (546-1678		
Name of Pe	son	Area Code	Daytime	Telephone Number	
Enclosed is a check for the fo	llaudus amanus				
	_				
S25.00 Filing Fee	D \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Certified Cop (additional copy	у	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	ADDRESS:	STE	REET/COURIE	R ADDRESS:	
Registratio	n Section Corporations	Registration Section			
P.O. Box o	327		sion of Corporation Building	nons	
Tallahasse	e, FL 32314	266	Executive Cen		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNIVERSAL	EXPRESS AND CARGO 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 FEBRUARY 2, 2018	and assigned
Florida document number L	8000030004	
This amendment is submitte	d to amend the following:	
A. If amending name, ente	r the new name of the limited liability company here:	
The new name must be distinguis	able and contain the words "Limited Liability Company," the designation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal office	address, if applicable:	1
(Principal office address M	UST BE A STREET ADDRESS)	T V
		ATA
Enter new mailing address	, if applicable:	SSE SE
(Mailing address MAY BE	A POST OFFICE BOX)	
B. If amending the regi	stered agent and/or registered office address on our records, enter the	name of the ner
registered agent and/or th	new registered office address herc:	→ ₹4
31 637 B		3 E
Name of New Reg	istered Agent:	- F
New Registered O		20 20
	Enter Floridu street address	
	Florida,	
New Registered Agent's Sion	City Z. Sature, if changing Registered Agent:	ip Code OR
	tment as registered agent and agree to act in this canacity. I further agree to	o oomolu wish shi

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 fumiliar 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

MGR = N AMBR = A	Ianager Authorized Member		
<u>litle</u>	<u>Name</u>	Address	Type of Action
MBR	ANA M. RODRIGUEZ	7778 NW 46 STREET	П. А.
		MIAMI, FL 33166	Add
		7778 NW 46 STREET	■ Remove
MBR	ARMANDO J. GARCIA	MIANG ET 22166	Change
	THE POST OFFICE	MIAMI, FL 33166	
			□ Remove
			Change
			□ Add
			☐ Change
			□ Remove
			Change
			
			Remove
			☐ Change
			□ Add
		· 	□ Remove
			Change

D. If amending any other	mformation, enter change(s) here: (Attach additional sheets, if necessary.)		
			FILEO SECRETARY OF STATE TALLAHASSEE, FLORIDA
document's effective date	date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 61 this block does not meet the applicable statutory filing requirements, this date will not be high the Department of State's records.	sted as	s the
Dated 03 - JEANKARLOS	Signature of a rhember or authorized representative of a member ALZUATE Typed or printed name of signee	18 HAR 20 AM 1: 06	FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

Filing Fee: \$25.00