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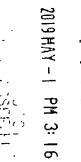
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PICK-UP	☐ WAIT	MAIL
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C. GOLDEN MAY 1 3 2019

COVER LETTER

TO:	Registration Sec Division of Corp		
SUBJE	OTT.	ress Transportaion	
SOBJE	Ç1:	Name of Limi	ted Liability Company
The enc	losed Articles of A	Amendment and fee(s) are subr	mitted for filing.
Please re	eturn all correspor	dence concerning this matter t	to the following:
		Idriana Valdivia	
			Name of Person
		5928 Forest Hill Blvd	F≀лп/Сотралу
			Address
		West Palm Beach/ Fl 3341:	
		OptimusXpress@Gmail.com	City/Slate and Zip Code n
			o be used for future annual report notification)
For furt	her information co	incerning this matter, please ca	all:
Idriana	Valdivia		561 2550562
	Name of	Person	Area Code Daytime Telephone Number
Enclose	d is a check for th	e following amount:	
\$25	.00 Filing Fec	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Division P.O. Bo	NG ADDRESS: ution Section of Corporations x 6327 ssee, 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

FILED

OPTIMUS XPRESS TRANSPORTATION LLC

2019 HAY - 1 PM 3: 16

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Lamited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Feb 21,2018 and assigned Florida document number L18000046666 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Optimus Xpress Solutions LLC 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: (Principal office address MUST BE A STREET ADDRESS) 1452 Tiger Lake Rd Enter new mailing address, if applicable: Lake Wales, Fl 33898 (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address _, Florida ___ City 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.

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amendin	g Authorized Person(s) authorized from our records:	d to manage, <u>enter the title, name, and</u>	d address of each person being added
MGR = M AMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			☐ Change
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		_	
			Remove
			Change

.D. If am	ending any other information, enter change(s	here: (Attach additional sheets, if necessary.)
		
		
(If an ef <u>Note:</u>	ive date, if other than the date of filing: Tective date is listed, the date must be specific and cannot be If the date inserted in this block does not meet the a ment's effective date on the Department of State's rec	(optional) e prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b applicable statutory filing requirements, this date will not be listed as the cords.
If the re (b) The	cord specifies a delayed effective date, bue 90th day after the record is filed.	not an effective time, at 12:01 a.m. on the earlier of:
Dated	April 29 . 20	NA.
	Jehemand	Dys
		rauthorized representative of a member
	Idriana Valdivia Typed or	printed name of signee

Page 3 of 3

Filing Fee: \$25.00