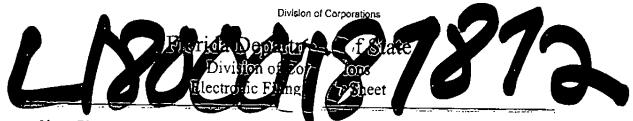
5/14/2021



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HADAS ACCOUNTING AND TAX SERVICES

Account Number : I20170000018

: (305)222-2289

Fax Number

: (305)221-3810

\*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

## NEXO EXPRESS CARGO LLC

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## COVER LETTER

Division of C			6
NEXO E	XPRESS CARGO LLC		~
	Name of Li	mited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	oandence concerning this matte	r to the following:	
	BLANCA L LACAYO		
		Name of Person	
	HADAS ACCOUTING &	TAX SERVICES INC	
	-	Firm/Company	<del></del>
	210 SW 107TH AVE		
	<u> </u>	Address	
	MIAMI, FL 33174		
		City/State and Zip Code	
	E-mail address:	(to be used for future annual report not	ification)
For further information	concerning this matter, please o	ail:	
BLANCA L LACAYO		305 222-2289 at ( )	
Name o	of Person	Arca Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 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)

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

NEXO EXPRESS CARGO LLC		
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com	npany were filed on 08/06/2018	and assigned
Florida document number L18000187872		
This amendment is submitted to amend the following:	, , , , , , , , , , , , , , , , , , ,	
A. If amending name, enter the new name of the limited	l 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:		
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
·		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter the na	ime of the new registere
VIII.		e- ·
Name of New Registered Agent:		21
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street address	Ba T
	, Florida	
<del></del>	City	3 Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:	₩ <b></b>

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 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>	Address	Type of Action
MGR	OSWUALD A GONZALEZ SUARGZ	6320 SW 8TH ST MIAMI FL 33144	≣Add
			□Remove
			□ Change
<del></del>			□Add
			Remove
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	is the date industry in this view does not meet the applicable dishitary filing requirements, this date will as the literature
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record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d is file	<b>26.</b>
	Viay 05 2021
ated _	Viay 05 2021
_	- TO X MIMMUN /

Typed or printed name of signce