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## **COVER LETTER**

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corp	oorations		
	GO EXPRESS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	EDUARDO SEITTIFFE		
		Name of Person	
	NAVY CARGO EXPRES	S LLC	
		Firm/Company	
	8201 NW 68 TH STREET		
	-	Address	·
	MIAMI, FLORIDA, 3316	6	
		City/State and Zip Code	
	navycargoexpressllc@gmai		
Conformation in Communication		to be used for future annual report no	othication)
	ncerning this matter, please c	au;	
EDUARDO SEITTIFFE		305 930-4473 at ()	
Name of	Person	Area Code Dayt	me Telephone Number
linclosed is a check for the	e following amount:		
☐ \$25.00 Filing 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)
Mailing Address Registration S		Street Address: Registration S	Section
Division of Co	orporations	Division of Co	orporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## \*ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NAVY CARGO EXPRESS LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 83-1942967	were filed on 09-13/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8201 NW 68 TH STREET MIAMI FLORIDA 166
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	8201 NW 68 TH STREET MIAMIPPORID ₹3316
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new reg</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
<del></del>	, Florida  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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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			Remove
			□ Change
			□Add
			□Remove
			□Change
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			<sup>(२५</sup> <b>०</b>
			□Remove
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n effective date is listed, the date must be specific and cannot be pate. If the date inserted in this block does not meet the app	rior to date of filing	or more than 90 days	after filing.) Purs	suant to 605,020
cument's effective date on the Department of State's reco		ning requirements.	tins date win	not be usteu a:
ecord specifies a delayed effective date, but not an effective	e time, at 12:01 a	i.m. on the earlier of	f: (b) The 90t	h day after the
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,	Kyallilla 4			
Signature of a member or a		ative of a member		

Typed or printed name of signce