## 118000224265

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## **COVER LETTER**

| Div                 | ision of Corp | porations                                    | •   |   |
|---------------------|---------------|--|---|---|
| SUBJECT:            |               | ESS COURIER LLC                              |   |   |
| 5020011             |               | Name of Lin                                  | nited Liability Company   |   |
|                     |               |  |   |   |
| The enclosed        | Articles of   | Amendment and fee(s) are sub                 | omitted for filing.   |   |
| Please return       | all correspon | ndence concerning this matter                | to the following:   |   |
|                     |               |  |   |   |
|                     |               | Mark Terry                                   |   |   |
|                     |               |  | Name of Person  |   |
|                     |               | MARK TERRY, P.A.                             |   |   |
|                     |               |  | Firm/Company  | <del></del>   |
|                     |               | 801 BRICKELL AV. STE                         | 2. 900  |   |
|                     |               |  | Address   |   |
|                     |               | MIAMI, FL 33131                              | Name of Limited Liability Company  and fee(s) are submitted for filing.  Terry  Name of Person  SERRY, P.A.  Firm/Company  KELL AV. STE. 900  Address  L 33131  City/State and Zip Code  Infirm.com  E-mail address: (to be used for future annual report notification)  matter, please call:  at ( |   |
|                     |               |  | City/State and Zip Code   | <del></del>   |
|                     |               | mark@terryfirm.com                           |   |   |
|                     |               | E-mail address: (                            | to be used for future annual report notific   | cation)   |
| For further in      | formation co  | ncerning this matter, please c               | all:  |   |
| Mark Terry          |               |  |   |   |
|                     | Name of       | Person                                       | Area Code Daytime   | Telephone Number  |
|                     |               |  |   |   |
| Enclosed is a       | check for the | e following amount:                          |   |   |
| <b>⊠</b> \$25.00 Fi | ling Fee      | □ \$30.00 Fiting Fee & Certificate of Status |   | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |

MAILING ADDRESS:

TO:

Registration Section

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

| AIR EXPRESS COURIER LLC   |  |                              |
|---|--|------------------------------|
| ( <u>Name of the Limited Liabilit</u><br>(A Florida   | y Company as it now appears on our records.)<br>Limited Liability Company) | <del>,</del>                 |
| The Articles of Organization for this Limited Liability Co  | ompany were filed on 09/20/2018  | and assigned                 |
| lorida document number L18000224265   | <u>_</u> .   |                              |
| This amendment is submitted to amend the following:   |  |                              |
| . If amending name, enter the new name of the limi  | ted liability company here:  | 5                            |
| he new name must be distinguishable and contain the words "Limi   | ited Liability Company," the designation "LLC" of                          | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |  | F2 17                        |
| Principal office address MUST BE A STREET ADDR  |  |                              |
|   |  | · 6                          |
|   |  | \$ 00°                       |
| nter new mailing address, if applicable:  |  | <u> </u>                     |
| Mailing address MAY BE A POST OFFICE BOX)   |  | <del></del>                  |
|   |  |                              |
| B. If amending the registered agent and/or regist egistered agent and/or the new registered office addr | tered office address on our records, ress here:                            | enter the name of the        |
| Name of New Registered Agent:   |  |                              |
| New Registered Office Address:  |  |                              |
|   | Enter Florida street address   | -                            |
| <u></u>   | , Flore  | ida                          |
|   | City   | Ziv 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> | Address  | Type of Action |
|--------------|-------------|--|----------------|
| MGR          | Mark Terry  | 801 Brickell Ave Suite 900,<br>Miami, FL 33131 | ■ Add          |
|              |             |  | ☐ Remove       |
|              |             |  | Change         |
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|                          |                 |          |                  |        |          |                       |            |                        |            |         |          | ستز       | •               | Σ                   |
|                          |                 |          |                  |        |          |                       | _          |                        |            |         |          | _         | ••              | _                   |
|                          |                 |          | <del></del> .    |        |          |                       |            |                        |            |         |          | _         |                 |                     |
| ctive date, i            | f other tha     | an the c | late of fi       | iling: | :        | 0                     | (+- 1      | $q_{1}$                | 2018       | )       | ptio     | nal)      |                 |                     |
| effective date i         | s listed, the d | ate must | be specific      | and c  | cannot t | e prior to<br>applica | date of    | filing or<br>tory fili | more that  | 90 days | after fi | iling.) I | oursuant        | to 605.<br>ne Tiste |
| ment's effec             | tive date on    | the De   | oartment o       | of Sta | ate's re | cords.                |            | ,                      | 61         |         | ,        |           |                 | JO HIBRO            |
| ocard coa                | nifica a da     | امميدا   | affaabi.         |        | L        |                       |            |                        | <b>.</b> • |         |          |           |                 |                     |
| ecord spec<br>ie 90th da | y after th      | e reco   | rd is file       | ed.    | ate, D   | ut not                | an err     | ective                 | time,      | at 12:1 | )1 a.    | m. o      | n tne           | earlie              |
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| d                        |                 |          | <del>- ' '</del> | `      | -        | 018                   | <b>-</b> • |                        |            |         |          |           |                 |                     |
|                          |                 |          | j 4              |        | 1A       | <del>/</del> /-       |            | -                      |            |         |          |           |                 |                     |
|                          |                 |          |                  | /      | 444      |                       |            |                        |            |         |          |           |                 |                     |

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