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(Кед	uestor's Name)	
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COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration Sec Division of Corp		•	
CUD 1E:		s Courier Service, LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		LAUREN SNELL		
		A1 EXPRESS COURIER S	Name of Person	
		5302 BRIGHTON PARK LA	Firm/Company ANE	2019 FEB
		JACKSONVILLE, FL 32210	Address	SSEE TO
		a1expresscouriersvc@gmai		FLORIO A
For furt	her information co	E-mail address: (oncerning this matter, please co	to be used for future annual report no all:	tification)
LAURE	EN SNELL		904 325-5113	
	Name of	f Person		ne Telephone Number
Enclose	d is a check for th	ne 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)
	Registr	ING ADDRESS: ation Section in of Corporations	STREET/COUR Registration Sect Division of Corpo	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A1 EXPRESS COURIER SERVICE, LLC	
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L19000015600	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
A1 EXPRESS TRANSPORTATION SERVICE, LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7101 WILSON BLVD APT 9302
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE. FL 32210
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 382058 Jacksonville, FL32238
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	<u>e</u> :
Name of New Registered Agent:	ALL ARE
New Registered Office Address:	Enter Florida street address
	City , Florida - ,
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	DEWAYNE WHITFIELD		
		7035 BIDDY LANE	
		JACKSONVILLE, FL 32210	Remove
			Add
			Remove
			☐ Change
			Add
			Remove Change
			SSE DE Add DE GRemove
			Change
			Add
		. <u> </u>	□ Remove
			Change
			☐ Remove
			☐ Change

Effective date, if other than the date of filing: (Optional) (Op									
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Saison Sue OO.					t not an effe	ctive time, at	12:01 a.m. o	n the e	arlier of:
Saleson Sue OO.	Dated _			,					
Signature of a member or authorized representative of a member			H.	1 6 10	S				
		_	Signature	of a member or	authorized repres	entative of a menib	ег		_

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Filing Fee: \$25.00