L19000261398

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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	Office Use Only



10/02/23--01022~-002 **30.00



	COVER LETTER
	tion Section of Corporations
Subject:	UE XPRESS CARGO LLC Name of Limited Liability Company
The enclosed Arti	eles of Amendment and fee(s) are submitted for filing.
Please return all c	orrespondence concerning this matter to the following:
	Hector J. Riera Name of Person
	Firm Company
	7255 NW LATTLE SUITE 14.
	Miani A 33166. City/State and Zip Code Hector. riera Og Mail. UM E-mail address: (to be used to tuture annual report notification)
	Hector. rierg Ogmail. Wm E-mail address: (10 be used for future annual report notification)
For further inform	ration concerning this matter, please call:
	Sinai Castro at (407) 7314771. Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$25,00 Filing Fee

X \$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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF A	MENDMENT
, TC	
ARTICLES OF O	RGANIZATION
OI	
UE XPRESS (CARGO LLC. 2023 DCT -2 PM 5: 14
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	v as it now appears on our records.)
The Articles of Organization for this Limited Liability Company v	vere filed on 10 31 2019 and assigned
Florida document number <u>L19000261398</u>	
This amendment is submitted to amend the following:	
	Maria and a second s
A. If amending name, <u>enter the new name of the limited liabil</u>	ity company here:
The new name must be disanguishable and contain the words "Limited Liabili	where the first sector with 200 as the state sector in the COM
the new name must be disanguishable and contain the words "Limited Elabiti	y't ompany. The designation (LLX) of the aboreviation (LLX).
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
· · ·	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a	ddross on our records, onter the name of the new registered
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	duress on our records, <u>enter die name of one new registeren</u>
Name of New Registered Agent:	
Same of New Registered Agent.	
New Registered Office Address:	Enter Florida street address
	Enter Piorida su conduciss
	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 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>		Address	Type of Action
Manager	ARIEL Soca	7255 NW 68Th St. Suite 14 Miani, 71 33166	XAdd
			_
			🗋 Change
			🛛 Add
			ElRemove
			🗆 Change
			🗆 Add
			🗌 Remove
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			□Change
			□ Add
			🗆 Remove
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<u> </u>			ƏAdd
			Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _________(optional) (It an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated	09/27/2023.	
	Signature of a member or authorized representative of a member	
	Hector Riera Typed or printed name of signee	