# L2000008ZZZ5

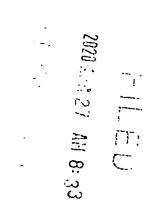
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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Amendice

NAT 1 2 2020 I ALBRITTON

## COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co			*
M&JEX	PRESS CARGO ,LLC		. ,
SUBJE <b>C</b> T: <u>S</u>	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	GREISY SUAREZ		
		Name of Person	
Name of Person  DIRECT SOLUTION SERVICES			
	Name of Person		
	1248 VISCAYA PKWY		
		Address	
	CAPE CORAL 33990, FL		
	·	City/State and Zip Code	
	<del>-</del>		
For further information of		·	omeanon
GREISY SUAREZ			
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he 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 Addres		Street Address: Registration S	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

### M & LEXPRESS CARGO LLC

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number L20000082225	ny were filed on <u>03/16/2020</u> a	nd assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<del></del>	
Enter new mailing address, if applicable:		2020 1.7
(Mailing address MAY BE A POST OFFICE BOX)		2
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the name of t</u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
<del></del>		Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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. Thereby 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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AR	FLEITA, MARLYN	3075 IVERSON ST	■Add
		PORT CHARLOTTE. FL 33952	□Remove
			□Change
			□Add
			□Remove
			□Remove
			□Change
			□Add
			Remove
			🗆 Add
			Remove
	<del></del>		□Add
			Change

Effective date, if other than the date of filing:  If an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 608.028.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.  The 90th day after the distinct of the specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 608.024 document's effective date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.  Parent APRIL, 21  Signature of a month of a member of a membe									<del></del>
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Signature at a member for authorized representative of a member					Mich				
			Sign	itare of a member	ør authorized re	epresentative of	a member		

Filing Fee: \$25.00