

L20990123430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

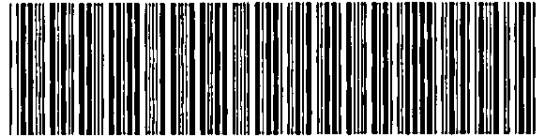
Special Instructions to Filing Officer:

Received!
07/19

Office Use Only

S.C.

07/20/21



400366341254

05/20/21--0101E--012 **35.00

2021 JUL 19 AM 11:21

RECEIVED



RECEIVED

2021 JUL 19 PM 2:29

FLORIDA DEPARTMENT OF STATE

Division of Corporations

June 23, 2021

JOSE J PUENTES
14411 COMMERCE WAY
#221
MIAMI LAKES, FL 33016

SUBJECT: EXPERT FREIGHT LLC
Ref. Number: L20000123430

We have received your document for EXPERT FREIGHT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham
OPS

Letter Number: 921A00014204

2021 JUL 19 PM 2:29

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXPERT FREIGHT, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE J. PUENTES
Name of Person

14411 Commerce Way
Firm/Company

221
Address

MIAMI LAKES, FL 33016
City/State and Zip Code

DS@SKRE.ORG
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE J. PUENTES at (954) 274-1065
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 ☒ enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

EXPERT FREIGHT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/7/2020 and assigned Florida document number L 20000123430.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JUAN A. ANTILAN

New Registered Office Address:

14411 Commerce Way #221

Enter Florida street address

Miami Lakes

City

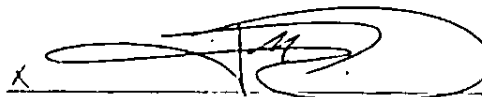
Florida

33096

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, 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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>JOSE J. PUENTES</u>	<u>14411 Commerce Way</u>	<input type="checkbox"/> Add
		<u># 221</u>	<input checked="" type="checkbox"/> Remove
		<u>Miami LAKES, FL 33016</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Juan A. ANTILCON</u>	<u>14411 Commerce Way</u>	<input checked="" type="checkbox"/> Add
		<u>#221</u>	<input type="checkbox"/> Remove
		<u>Miami LAKES, FL 33016</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

2021 JUL 17 A. 11: 24

10

E. Effective date, if other than the date of filing: _____ (optional)

Effective date, if other than the date of filing: _____ (optional)
(If 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 January 6, 2021

Y

Signature of a member or authorized representative of a member

JUAN ANDRES ANTILLO
Typed or printed name of

Typed or printed name of signee

Filing Fee: \$25.00