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COVER LETTER

TO:	Registration Division of C						
ciin ii		TMARKET LLC					
SUBJE	cci:	Name of Limited Liability Company					
		of Amendment and fee(s) are sub	•				
		ALEXANDER MONGUA	A GARCIA				
			Name of Person				
		FIRSTMARKET LLC					
			Firm/Company				
		11990 BEACH BOULEV	ARD # 311				
			Address				
		JACKSONVILLE, FL 322	246				
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·			
		alexmongua@hotmail.com					
		E-mail address: (to be used for future annual report noti	fication)			
For fur	ther information	n concerning this matter, please c	all:				
ALEXANDER MONGUA GARCIA		GUA GARCIA	904 3435283 at ()				
	Nam	e of Person	Area Code Daytim	e Telephone Number			
Enclose	ed is a check fo	r the following amount:					
■ \$ 2:	5.00 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 Address:
Registration Section

Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FMFIRSTMARKET LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company Torida document number	were filed on 06/08/2020	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liah	ility company here:	
EAGLEXPRESS CARGO LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	2360 BITTERNUT WAY	
Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE, FL, 32246	
'ntan navy mailing address if annliachla.	2360 BITTERNUT WAY	702
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)	JACKSONVILLE, FL, 32246	FA S 7
		ARY 12
If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	SSENTALE SSENTALE
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	and a my seek ou ces well ex	
	, Flor	ida

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>	Name	Address	Type of Action
		-	□ Add
			□Remove
			□Change
			□ Remove
			□Change
			□ Add
			□Remove
			
			□ Add
			□Remove
			□ Change
			□Add
			□ Remove
			Change
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	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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fan effect	e date, if other than the date of filing: (optional) ive 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 605.0	
MOTE: II	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lister)207 das
iocum e n	s's effective date on the Department of State's records.	
record s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after (the
SF	PTEMBER 17 2021	
Dated	, 2021	
	* Africular Derigies	
	Signature of a member or authorized representative of a member	