L20000157646

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AUG 11 2020 S. YOUNG

COVER LETTER

SUBJECT:	Name of Lir	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
	William Sanders			
		Name of Person		
	<u> </u>	Firm/Company		
	PO Box 37783			
	Address			
	Jacksonville, FL 32236-77	783		
	sandersexpresstrucking@gi	City/State and Zip Code nail.com		
	E-mail address: (to be used for future annual report noti-	fication)	
or further information c	oncerning this matter, please c	all:		
William Sanders		904 233-7796		
Name o	f Person	at () Area Code Daytime	e Telephone Number	
Enclosed is a check for the	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	
Mailing Addesse	۵۰	0		

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

TO:

Registration Section **Division of Corporations**

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

Sanders Express Trucking and Brokering, LL	.C	
(<u>Nume of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) i Limited Liability Company)	6
The Articles of Organization for this Limited Liability C Florida document number <u>L20000157646</u>		and as figured 5
This amendment is submitted to amend the following:	_	
A. If amending name, enter the new name of the limi	ited liability company here:	
Sanders Express Trucking, LLC		
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	RESS)	· · · · · · · · · · · · · · · · · · ·
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	a
	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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Natalie Sanders	PO Box 37783	□∧dd
		Jacksonville, FL 32236-7783	■Remove
			□Change
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			□Change
			□Λdd
			□Remove
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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this blocument's effective date on the Defective date.	t be specific and cannot be pri ock does not meet the app	licable statutory filing	(optional) e than 90 days after filing.) Prequirements, this date wi	ursuant to 605.0207 Il not be listed as
record specifies a delayed effectiv I is filed.	e date, but not an effective	time, at 12:04 a.m. on	the earlier of: (b) The 9	Oth day after the
ated June 22nd	2020	· ·		
	Signature of a member or au	Sande-	a member	
	Commence of a member of an	manarou representative ()	a mennon	
William Sanders	-			