## L20000 214152

(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
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SECRETARY DE STATE

D. BRUCE SEP 22 2020

## **COVER LETTER**

TO: Registration Division of C					
SUBJECT: A 27	expeditor LLC	÷ .	-		
	Name of Limited	Liability Company			
The enclosed Articles of	of Amendment and fee(s) are submitt	ed for filing.			
Please return all corresp	pondence concerning this matter to the	he following:			
	- Awa	J. Zopafa Name of Person			
	(127)	EXPECTIFOR CCC Firm/Company			
	<u> 2401 RW</u>	10 AUC # 30 Address	)/		
		(1) 33/27 (ity/State and Zip Code			
	<u> </u>	r OBMAIL COM	otification)		
For further information	concerning this matter, please call:	·	,		
FWA J.	of Person		- 003/ mc Telephone Number	2020 AUG -	754 1754 1674
Enclosed is a check for	the following amount:			3 PH 5:	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	mg:Fee, அ e of Statu9&	

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

Street Address: K 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

<u> </u>	<u> </u>		
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on o	our records.)	
The Articles of Organization for this Limited Liability Comparing Florida document number $2000214752$ .	^~	/22/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
	some, company nerc.		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designa	ation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		<b>2</b> 00	2020
			<b>2</b> 71
Enter new mailing address, if applicable:			(F) (100m)
(Mailing address MAY BE A POST OFFICE BOX)		<u>い</u> いこ	- Ti
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B. If amending the registered agent and/or registered office	e address on our record	is, <u>enter the name o</u> i	ന the new registere
agent and/or the new registered office address here:			
Name of New Registered Agent:	<del>-</del>		
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City		Lip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>		
I hereby accept the appointment as registered agent and ag			
provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a	te performance of my a s provided for in Chapi	luties, and I am fami ter 605, F.S. Or, if th	liar with and iis 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>	Name	Address	Type of Action
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an effective date is listed of the control of the date insertions.	ter than the date of d, the date must be speci- rted in this block does date on the Departmer	fic and cannot be price not meet the appli	icable statutory fili	more than 90 days after	t <b>ional)</b> er filing.) Pursuant to 6 nis date will not be li	05.02 isted
record specifies a del is filed.	ayed effective date, b	ut not an effective	time, at 12:01 a.m	. on the earlier of: (	(b) The 90th day at	fter tl
a)	0-2020 //	) 	·			
ated <u>073</u>	I was to the	, [ /				
ated <u>07-3</u>	Signature	e of a member or auti	horized representativ	re of a member	<del></del>	