

h71 000019751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

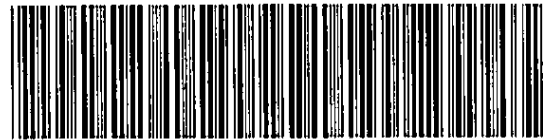
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DG XPRESS TRANSPORT 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:

HEIDY RODRIGUEZ

Name of Person

UNION CARRIER SERVICES INC

Firm/Company

5643 NW 74 AVE

Address

MIAMI, FL 33166

City/State and Zip Code

UNIONCARRIERSERVICES@GMAIL.COM

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

HEIDY RODRIGUEZ

305

3921035

at ( )

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 is 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

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

DG XPRESS TRANSPORT 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 01/07/2021 and assigned  
Florida document number L21000019751

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:

3020 CHANDLER LN

**(Principal office address MUST BE A STREET ADDRESS)**

NORTH PORT, FL 34286

Enter new mailing address, if applicable:

3020 CHANDLER LN

**(Mailing address MAY BE A POST OFFICE BOX)**

NORTH PORT, FL 34286

**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:

New Registered Office Address:

3020 CHANDLER LN

Enter Florida street address

NORTH PORT

City

Florida

34286

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>
AMBR	JORGE L QUINTERO	3020 CHANDLER LN	<input type="checkbox"/> Add
		NORTH PORT, FL 34286	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ANNIA G VALLADARES	3020 CHANDLER LN	<input type="checkbox"/> Add
		NORTH PORT, FL 34286	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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CLERK OF CIRCUIT COURT

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ing) Pursuant to 605.0207(3)(b)  
late will not be listed as the

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed on the document's effective date on the Department of State's records.

Dated 03/11 2021

  
Signature

JORGE L. QUINTERO

**Filing Fee: \$25.00**

**Detail by Entity Name**

Florida Limited Liability Company  
DG XPRESS TRANSPORT LLC

**Filing Information**

Document Number L21000019751  
FEI/EIN Number NONE  
Date Filed 01/07/2021  
Effective Date 01/06/2021  
State FL  
Status ACTIVE

**Principal Address**

3020 SHANDLER LN  
NORTH PORT, FL 34286

**Mailing Address**

3020 SHANDLER LN  
NORTH PORT, FL 34286

**Registered Agent Name & Address**

QUINTERO, JORGE L  
3020 SHANDLER LN  
NORTH PORT, FL 34286

**Authorized Person(s) Detail****Name & Address**

Title AMBR

QUINTERO, JORGE L  
3020 SHANDLER LN  
NORTH PORT, FL 34286

Title AMBR

VALLADARES, ANNIA G  
3020 SHANDLER LN  
NORTH PORT, FL 34286

**Annual Reports**

No Annual Reports Filed

**Document Images**

01/07/2021 - Florida Limited Liability

View image in PDF format

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