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U5/21/21--U1024--U04 **25.U0

6/2/21

COVER LETTER

TO: Registration Se Division of Cor			
	PRESS LOGISTICS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	GARCIA, BRYAN		
		Name of Person	
	FAST EXPRESS LOGIST	TCS LLC	
		Firm/Company	
	885 W 32ND ST		
		Address	
•	HIALEAH, FL 33012		
		City/State and Zip Code	
	FASTEXPRESSLOGISTIC	**	
For further information c	concerning this matter, please c	to be used for future annual report acall:	outreation)
GARCIA, BRYAN	,	786 301-3799	
Name o	f Person	at () Area Code ——Dayti	me Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration S	ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 632	27	The Centre of	Tallahassec

Tallahassee, FL 32314

esseet 1346 from ACA.

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabili (A Florida	ty Company as it now appears on our rec i Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C	Company were filed on	and assigned
Florida document number	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "I	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
F-A		
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>em</u>	ter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	lress
		FloridaZip Code
	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 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>	Address	Type of Action
MGR	GALLENO, PHILLIP P	5025 SW 154TH AVE	□Add
		MIAMI, FL 33185	≅ Remove
			□Change
MGR	MIGUEL ANGEL RODRIGUEZ	885 W 32 ST	
		HALEAH, FL 33012	□Remove
			□Change
			□ Add
٠			□Remove
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			□Remove
			□Change
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			□Remove
			Change

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BRYAN GARCIA		0		·		-*

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Filing Fee: \$25.00