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(Requ	iestor's Name)	
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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

το:

TO:	Registration Sect Division of Corpo			
SUBJE	Al	Y EXPEDIT	TED LLC	
SUBJE	C1:	Name of Lim	ited Liability Company	
The enc	losed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspond	dence concerning this matter	to the following:	
		Yoel C	Name of Barrier	
			EXPEDITED L	-CC
		3250 NU	Firm/Company 10046 ST	
			rudicos	
		ay exp	City/State and Zip Code Plant LCC 23 to be used for future annual report not	Bagmail.com
For furt	her information cor	ncerning this matter, please ca		
	\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		at (<u>786)</u> 39 Area Code Daytin	4 - 7796. ne Telephone Number
			·	
Enclose	d 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:		Street Address:	
	Registration Se Division of Co		Registration Sc Division of Co	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ALY EXPEDITED 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 March 2.	3, 2021	and assigned
Florida document number <u>L2/000/354/7</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	Agr. 40		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
D. 16 P. A. C. A.			tha many manistans
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter t</u>	<u>ne name oi</u>	the new registere
			. .
Name of New Registered Agent:			1
New Registered Office Address:			TO .:
New Registered Office Address.	Enter Florida street address		
	City , Flo	rida	" (3)
	City	7.	ip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, an	d I am fami	liar with and

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
AMBR	You Cruz	3250 NW 100 HA ST	□Add
		Miami. FL 33147	
			2 Change
4MBR	Arairis Bergolla	3250 NW 100KA ST Miami. FL 33147	🗆 Add
	,	Miami. FL 33147	□Remove
			& Change
			□Add
			□Remove
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cord specific s filed.	s a delayed e	ffective date, bu	t not an effec	tive time, at 12	2:01 a.m. on th	ne earlier of: (t	o) The 90th day	after the
ed A	bril	29	· <i>_}</i>	<u>001.</u>				
			of a member o	or authorized rep	resentative of a	member		_
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