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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

Division of Co		• `	
43 4 1 db 4 43 43 43	_	nited Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter		
	Javier Garcia Villegas		
		Name of Person	<u>-</u>
	C&D Express Trucking, L	LC	
Firm/Company			
	2708 31st Ave East.		
		Address	
	Bradenton, FL 34208		
		City/State and Zip Code	
	javiergarcia228706@gmail.		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notification all:	n)
Javier Garcia Villegas		941 896-1406 at ()	
Name o	of Person	Area Code Daytime Telep	-
Enclosed is a check for the	he following amount:		A = 1 2
□ \$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 (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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C+D Express Trucking, LLC

(<u>Name of the Cimite</u> (<u>d Liability Comp</u> : A Florida Limited	any as it now appears on or Liability Company)	<u>ir records.</u>)		
The Articles of Organization for this Limited Lia Florida document number <u>L21000135</u>		wwere filed on3	23/2021	and assigned	
This amendment is submitted to amend the follo	wing:				
A. If amending name, <u>enter the new name of</u>	the limited liab	bility company here:			
The new name must be distinguishable and contain the wo	ords "Limited Liab	ility Company," the designat	ion "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applica	ible:				
(Principal office address MUST BE A STREE)	<u>(ADDRESS)</u>				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>30X)</u>	2708 31 Bradento	st Aue on Fl 30	€. 1208	
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our record	s, <u>enter the nam</u>	e of the new registere	<u>:d</u>
Name of New Registered Agent:	Javi	er Garci	2 Ville	egas -	
New Registered Office Address:	7302	Manate Enter Florida stre	e St ret address	$\frac{7}{3}$	
	SARA	Sota	, Florida	34243 Zip Code	
New Designated Agent's Signature if changing D	paistered Agent	,			

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.

hanging 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
			Remove
			□Change
			□Add
			□ Remove
			Change
			□Add
			□ Remove'')
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