

121000285217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

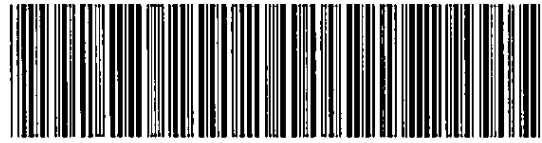
(Business Entity Name)

(Document Number)

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10/01/21--01018--010 **25.00

2021 OCT -1 AM 9:59

FILED

Amend
Klanuchg

OCT 10 2021

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOSCH CARGO EXPRESS 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:

MELANIO BOSCH

Name of Person

Firm/Company

53 WEST 21 ST SUITE 6

Address

HIALEH, FL 33010

City/State and Zip Code

herenabiatriz@gmail.com

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

For further information concerning this matter, please call:

MELANIO BOSCH

786 454-7209

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

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

BOSCH CARGO EXPRESS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2021 OCT - 1 PM 9:59

The Articles of Organization for this Limited Liability Company were filed on 06/21/2021 and assigned Florida document number L21000285217.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BOSCH SERVICES EXPRESS LLC

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:

53 WEST 21 ST SUITE 6

(Principal office address MUST BE A STREET ADDRESS)

HIALEH, FL 33010

Enter new mailing address, if applicable:

53 WEST 21 ST SUITE 6

(Mailing address MAY BE A POST OFFICE BOX)

HIALEAH, FL 33010

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:

MELANIO BOSCH

New Registered Office Address:

53 WEST 21 ST SUITE 6

Enter Florida street address

HIALEAH

Florida 33010

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
P	Melanio Bosch	53 WEST 21 ST SUITE 6	<input type="checkbox"/> Add
		HIALEAH, FL 33010	<input type="checkbox"/> Remove
		_____	<input checked="" type="checkbox"/> Change
VP	Jessica Villaverde Arroyo	53 WEST 21 ST SUITE 6	<input type="checkbox"/> Add
		HIALEAH, FL 33010	<input type="checkbox"/> Remove
		_____	<input checked="" type="checkbox"/> Change
D	Herena Arroyo	53 WEST 21 ST SUITE 6	<input type="checkbox"/> Add
		HIALEAH, FL 33010	<input type="checkbox"/> Remove
		_____	<input checked="" type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 08/26/2021 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 8/26/2021.



(Signature of a member or authorized representative of a member)

MELANIO BOSCH

Typed or printed name of signee

Filing Fee: \$25.00