

121000285217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

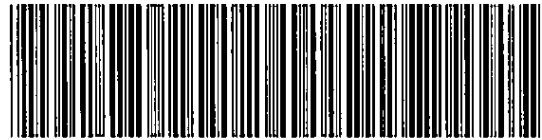
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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

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

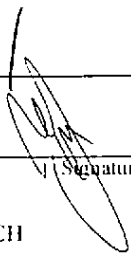
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
P	Melanio Bosch	53 WEST 21 ST SUITE 6	<input type="checkbox"/> Add
_____	_____	HIALEAH, FL 33010	<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
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_____	_____	_____	<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 8/24 2021



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

MELANIO BOSCH

Typed or printed name of signee

Filing Fee: \$25.00