121000285217

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COVER LETTER

TO:

TO: Registration So Division of Cor			
OVE IN OT		ICES EXPRESS 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:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
	17350 STATE HWY 249,	#220	iling. iving: cof Person Company ddress and Zip Code r future annual report notification) 1 888-462-3453 Area Code Daytime Telephone Number Do Filing Fee & Certificate of Status & Certificate of Status & Certificate Opy (additional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
		Address	_
	HOUSTON, TX, 77064		
	EFILE1234@INCFILE.CO	City/State and Zip Code	
	_	to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
LOVETTE DOBSON			
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Addre Registration Division of O P.O. Box 633 Tallahassee,	Section Corporations 27	Registration Sec Division of Corp The Centre of T	porations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOSCH S	SERVICES EXPRESS LLC
(<u>Name of the Limited Liabilia</u> (A Florida	ty Company as it now appears on our records.)
The Articles of Organization for this Limited Liability C Florida document number L21000285217	Company were filed on 06/21/2021 Find assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
Bosch Cargo Express Services LLC	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDI	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
-	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 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
			□Remove
			Change
			□Remove
			□Remove
			Change
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Effective date, if other than the dan effective date is listed, the date must tote: If the date inserted in this bloocument's effective date on the December 1.	t be specific and cannot be prock does not meet the app	ior to date of filing or r licable statutory fili	nore than 90 days after f	iling.) Pursuant to 605.020
record specifies a delayed effective Lis filed.	e date, but not an effective	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
January, 06	, 2022	·		
	Mal) 	o R	h
	//LVX A	anan r		<i>4</i> (
-	Signature of a member or at	thorized representative	e of a member	7.