L21000367035

(Re	questor's Name)	
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TO: Registration Se Division of Cor			
a	RESS, 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:	
	ARNES MUJKANOVIC		
		Name of Person	
	A.M. EXPRESS, LLC		
		Firm/Company	
	11006 PARKSIDE PRESI	ERVE WAY	
	***************************************	Address	
	JACKSONVILLE, FL 322	257	
		City/State and Zip Code	
	ARNES.M@ATT.NET E-mail address: (to be used for future annual report no	otification)
For further information c	oncerning this matter, please c	all:	
ARNES MUJKANOVIO	2	904 993-3220 at ()	
Name o	f Person	Area Code Dayti	ime Telephone Number
Enclosed is a check for the	he 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 9 Division of C	Section	Street Address: Registration S Division of C	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A.M. EXPRESS, 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 $\frac{8/16/2021}{1}$ and assigned Florida document number L21000367035 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PREMIER LOGISTICS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

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>	Name	Address	Type of Action
AMBR	AMIRA MUJKANOVIC	11006 PARKSIDE PRESERVE WAY	
		JACKSONVILLE, FL 32257	
			■ Change
			🗆 Add
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			□Remove
			□Change
			□Add
			□Remove
			□Change

- Please chai	nge the Authorized Per	son Title for Amir	a Mujkanovic fro	m MGR to AMB	₹	
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effective date is If the date i	other than the date of listed, the date must be spenserted in this block do we date on the Department	ecific and cannot be poses not meet the ap	orior to date of filing plicable statutory	g or more than 90 da filing requiremen	(optional) ys after filing.) Pursi its, this date will r	uant to 605.02 not be listed
ord specifies a filed.	delayed effective date,	but not an effecti	ve time, at 12:01	a.m. on the earlie	of: (b) The 90th	ı day after tl
d 11/3	Armsti	2021 Kanovi	orized representative			

Filing Fee: \$25.00