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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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S. PRATHER

COVER LETTER

	Registration Se Division of Cor			
SUBJEC [*]		Transport Express		
SUBJEC	·	Name of Lim	ited Liability Company	
The enclo	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please reti	um all correspo	ndence concerning this matter	to the following:	
		Frank Hurtado Suarez		
			Name of Person	
		Buccaneer Transport Expre	288	
		- •	Firm/Company	
		1954 Greenville Court		
			Address	
		Wesley Chapel, FL 33543		
			City/State and Zip Code	
		E-mail address: (0	to be used for future annual report noti	fication)
For furthe	r information co	oncerning this matter, please ca	all:	
Frank Hur	tado Suarez		702 713 2907	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed i	s a check for th	e following amount:		
≘ \$25.00	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Transport Express LLC	7 - E
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	8 E
The Articles of Organization for this Limited Liability C	Company were filed on 02/22/2022	and assigned こうしょうしょうしょうしょうしょうしょ
Florida document number L22000086038	<u> </u>	7>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" o	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:	d office address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		_
	Enter Florida street address	
	, Flor	
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	Rafael Bordinhao Penha	3032 Stern Dr Las Vegas, NV 89117	≅ Add
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			□Remove
			□Change

If amending any other informa	tion, enter change(s) here: (Attach addition	al sheets, if necessary.)
		
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		···-
Note: If the date inserted in this blo document's effective date on the Do	t be specific and cannot be prior to date of filing or more neck does not meet the applicable statutory filing repartment of State's records.	equirements, this date will not be listed as t
ne record specifies a delayed effective ord is filed.	e date, but not an effective time, at 12:01 a.m. on	
Dated	, <u>2022</u> .	ZNZZ JUN -8 PM 6: 33
	fan	HASSEE,
	Signature of a member or authorized representative of	a member FLOR
	Frank Hurtado Suarez	33 33