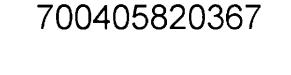
## L23000051485

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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J. HORNE APR 20 2023

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04/20/23--0100) --014 \*\*25.00



## **COVER LETTER**

SUBJECT: AMERIC	CAN ROUTE EXPRESS LLC		
SUBJECT:	Name of Lin	nited Liability Company	
Division of Corporations  SUBJECT:AMERICAN ROUTE EXPRESS LLC			
Please return all corresp	ondence concerning this matter	to the following:	
	MELISSA CRESCENT		
	BJECT: AMERICAN ROUTE EXPRESS LLC  Name of Limited Liability Company  c enclosed Articles of Amendment and fee(s) are submitted for filing.  assertinm all correspondence concerning this matter to the following:    MELISSA CRESCENT		
	AMERICAN ROUTE I	EXPRESS LLC	
		Firm/Company	
SUBJECT: AMERICAN ROUTE 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:    MELISSA CRESCENT    Name of Person			
		Address	
	ORLANDO FL 32837		
		City/State and Zip Code	
For further information		·	atication)
MELISSA CRESCI	ENTI	or (407 ) 279-8548	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
\$25,00 Filing Fee	——————————————————————————————————————	Certified Copy	Certificate of Status & Certified Copy
			action
_			
P.O. Box 63	27	The Centre of	Tallahassee
Tallahassee.	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRE AND ANY

AMERICAN ROUTER 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 on01/27/2023	and assigned
Florida document number <u>L23000051488</u> .		
This amendment is submitted to amend the following:		
orida document number 1.23000051488  his amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  e new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."  Inter new principal offices address, if applicable:  **Irricipal office address MUST BE A STREET ADDRESS**  Inter new mailing address, if applicable:  **Idalling address MAY BE A POST OFFICE BOX**  If amending the registered agent and/or registered office address on our records, enter the name of the new registered ent and/or the new registered office address here:  **Name of New Registered Agent**  New Registered Office Address:  **Enter Florida street address**  **Florida**  **Florida**  **Florida**		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.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 a agent and/or the new registered office address here:	address on our records, enter the na	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:		<u></u>
	Enter Florida street address	
<del></del> -	, Florida _	Zip Code
	Cuy	ыр Соав

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>	Name	Address	Type of Action
MGR	EDISON GILSON GOMES	12401 BLACKSMITH DR SUITE 105	<b>X</b> Add
		ORLANDO FL 32837	□Remove
			□Change
		<u></u>	□Add
			□Remove
			□Change
		<del></del>	□Add
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			□Remove
			□ Change

<del></del>		
fective date, if	f other than the date of filing: (optional) s listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.	
n effective date is ote: If the date	s listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,000 inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste	0207 d as
cument's effect	tive date on the Department of State's records.	
ecord specifies : is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
ted	APRII. 12 2023	
	Signature of a member or authorized representative of a member	
	signature of a member or authorized representative of a member	

1771 TO 0050