

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

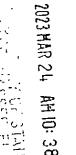
Office Use Only



000405177570

03/24/23--01003--025 **25.00

5/13/23 VW



COVER LETTER

Division of Corporations
SUBJECT: Charge of 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:
Bear Back moutain LLC Firm/Company
32/9 S. Orange Are . H 254
City/State and Zip Code Con E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at 35 215 - 4916 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Section Secti

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now (A Florida Limited Liability Con	appears on our records.)	
(A Florida Limited Liability Con	пралу)	
The Articles of Organization for this Limited Liability Company were filed	on <u>02/14/2023</u>	and assigned
lorida document number L23000081663		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability comp	any here:	
MXpressTrucking LLC		
he new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:	CA THE STATE OF THE STA	2023
Principal office address MUST BE A STREET ADDRESS)	fr. jr.	臺 卫
		R 2
	\$ P	- t.a
internation address if analisables	ASSCE.	
Enter new mailing address, if applicable:	<u>ा</u>	•
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
 If amending the registered agent and/or registered office address or gent and/or the new registered office address here: 	n our records, enter the name of	the new regi
Name of New Registered Agent:		<u></u>
New Registered Office Address:		
E	nter Florida street address	
	, Florida	
City		in 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
-		 	□Add
			□Remove
			□Change
		 	□ Add
			🗀 Remove
			☐ Change
			□Add
			□Remove
			□Change
		·	
		· <u>.</u>	□Remove
			□Add
			☐ Change
			□ Remove
			□ Change

+-		
		
	-	
iffective o	date, if other than the date of filing:	(optional)
fan effectiv Note: If th	e date is listed, the date must be specific and cannot be prior	r to date of filing or more than 90 days after filing.) Pursuant to 605.02 cable statutory filing requirements, this date will not be listed
e record spord is filed.	ecifies a delayed effective date, but not an effective t	ime, at 12:01 a.m. on the earlier of: (b) The 90th day after the
03/1 Dated	4/2023	-0/2
	Signature of a member or and	orized representative of a member