

L23000192740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED
2023 JUL -6 AM 8:11
CANTON, OH

[Handwritten signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Expo Trucking and Deliveries, 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:

Aldoner Canton
Name of Person

Expo Trucking and Deliveries
Firm/Company

211 NW 43rd Street
Address

Miami, FL 33127
City/State and Zip Code

Cantonaldoner@gmail.com
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Aldoner Canton at (786) - 370 - 3256
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|--|--|

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**

Expo Trucking and Deliveries, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2023 JUL -6 AM 8:11

The Articles of Organization for this Limited Liability Company were filed on 04/19/2023 and assigned Florida document number L23000192740.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Expo Trucking and Deliveries, LLC
1801 NE 123rd Street, Suite 314
North Miami FL, 33181

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Expo Trucking and Deliveries, LLC
1801 NE 123rd Street, Suite 314
North Miami FL, 33181

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

_____, 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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Scenario	Initial State	Final State	Operations
Scenario 1	Initial State	Final State	<input type="checkbox"/> Add
	Initial State	Final State	<input type="checkbox"/> Remove
	Initial State	Final State	<input type="checkbox"/> Change
Scenario 2	Initial State	Final State	<input type="checkbox"/> Add
	Initial State	Final State	<input type="checkbox"/> Remove
	Initial State	Final State	<input type="checkbox"/> Change
Scenario 3	Initial State	Final State	<input type="checkbox"/> Add
	Initial State	Final State	<input type="checkbox"/> Remove
	Initial State	Final State	<input type="checkbox"/> Change
Scenario 4	Initial State	Final State	<input type="checkbox"/> Add
	Initial State	Final State	<input type="checkbox"/> Remove
	Initial State	Final State	<input type="checkbox"/> Change
Scenario 5	Initial State	Final State	<input type="checkbox"/> Add
	Initial State	Final State	<input type="checkbox"/> Remove
	Initial State	Final State	<input type="checkbox"/> Change
Scenario 6	Initial State	Final State	<input type="checkbox"/> Add
	Initial State	Final State	<input type="checkbox"/> Remove
	Initial State	Final State	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Email Address : info@expo trucking company. com

Phone number : (786) 743-7100 ext: 7100

Business phone Number : (786) 743-7100 ext: 7100

Employer Identification Number: 92-3668552

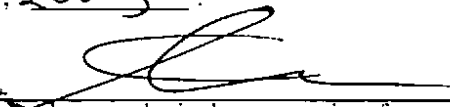
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 30, 2023


Signature of a member or authorized representative of a member

Aldoner Canton
Typed or printed name of signer