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| (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: |
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COVER LETTER

TO:

| | Registration Sec Division of Cor | | • |
|----------------|-------------------------------------|---|--|
| | | BETO TR | ANSPORT L.L.C |
| SUBJEC | CT: | Name of Lim | ited Liability Company |
| The encl | osed Articles of . | Amendment and fee(s) are sub | mitted for filing. |
| Please re | eturn all correspo | ndence concerning this matter | to the following: |
| | | | Edwin Armijo |
| | | | Name of Person |
| | | | Simplex Group Inc |
| | | | Firm/Company |
| | | 5 | 7500 NW 52ND ST, Suite 100 |
| | | | Address |
| | | | MIAMI FL 33166 |
| | | | City/State and Zip Code |
| | | YANSELCURBELO@GM | |
| | | | to be used for future annual report notification) |
| For furth | ner information c | oncerning this matter, please co | all: |
| Edwin A | Armijo | | 213 6467179 at () |
| | Name o | f Person | Area Code Daytime Telephone Number |
| Enclosed | l is a check for th | ne following amount: | |
| ≅ \$25. | .00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Addres Registration S | | Street Address: Registration Section |
| | Division of C | | Division of Corporations |
| | P.O. Box 632 | | The Centre of Tallahassee |
| | Tallahassee, l | *L 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | BETO TRANSPORT L.L.C | | |
|---|---|---------------------------|---------------------|
| (<u>Name of the Limi</u> | ed Liability Company as it now appears (A Florida Limited Liability Company) | on our records.) | |
| The Articles of Organization for this Limited L | | 06/26/2023 | and assigned |
| lorida document number | <u></u> . | | |
| his amendment is submitted to amend the foll | owing: | | |
| a. If amending name, <u>enter the new name o</u> | f the limited liability company her | <u>re</u> : | |
| | OGISTICS EXPRESS LLC | | |
| The new name must be distinguishable and contain the v | vords "Limited Liability Company," the de | signation "LLC" or the ab | breviation "L.L.C." |
| Enter new principal offices address, if applic | :able: | | |
| Principal office address MUST BE A STREE | ET ADDRESS) | ., | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | <u>BOX)</u> | | . |
| | | | |
| B. If amending the registered agent and/or agent and/or the new registered office addre | ess here: | | e of the new regis |
| Name of New Registered Agent: | MARLON ALVAREZ CURBELO |) | |
| New Registered Office Address: | 1895 NW 35TH ST APT10 | | |
| | Enter Flori | da street address | |
| | MIAMI | , Florida | 33142 Zip Code |
| | 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

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 |
|--------------|----------------------------|-------------------------|----------------|
| AMBR | IZAURA RODRIGUEZ RODRIGUEZ | 1895 NW 35TH AT, APT 10 | |
| | | MIAMI, FL 33142 | ≣Remove |
| | | | ☐ Change |
| AMBR | MARLON ALVAREZ CURBELO | 1895 NW 35TH ST APT10 | ≣ Add |
| | | MIAMI, FL 33142 | □Remove |
| | | | □Change |
| | | | □ Add |
| | | | \ \ Remove |
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| | | | □Change |

| lf amendir | ig any other information, | enter change(s) here: | : (Attach addition | ial sheets, if neces: | sary.) |
|---------------------------|---|-------------------------------|--|--|---|
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| <u>lote:</u> If the | ate, if other than the date date is listed, the date must be speed ate inserted in this block d effective date on the Departi | oes not meet the applica- | o date of filing or mo ble statutory filing | (option te than 90 days after fil requirements, this d | al) ing.) Pursuant to 605.0207 ate will not be listed as |
| record spe I is filed. | cifies a delayed effective date | ; but not an effective tin | nc, at 12:01 a.m. or | the earlier of: (b) | The 90th day after the |
| ated | February 1st | , | <u> </u> | | |
| _ | C: | nture of a member or accessor | | f a manufacture | |
| | Signa | ture of a member of author | nzea representative o | га тептрег | |
| | | IZAURA RODRIGUI | EZ RODRIGUEZ | | |

Filing Fee: \$25.00