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2024 NOV 13 PH 6: 36 SECRETARY OF STATE

COVER LETTER

TO: Registration So Division of Cor				
RBJ EXPE	RESS LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	JESUS GONZALEZ			
		Name of Person		
		Firm/Company		
	3802 VICTORIA DR			
		Address	_	
	WEST PALM BEACH, F	FL 33406		
		City/State and Zip Code		
	JESUSGONZALEZ21956	=		
For further information c	oncerning this matter, please c	to be used for future annual report notal:	ntication)	
JESUS GONZALEZ		561 209-4624		
Name o	l Person		me Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres	<u>s:</u>	Street Address:		
Registration Section Division of Corporations			Registration Section Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RBJ EXPRESS LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our reco ited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comp	oany were filed on 10/04/2024	and assigned
Florida document number L24000428847		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
RBJ TRUCKING EXPRESS LLC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "L	LC" or the abbreviation "L.1C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	5)	2024 SEC
		\$ 3 L
Enter new mailing address, if applicable:		SSO TO TO
(Mailing address MAY BE A POST OFFICE BOX)		
	-	36 36 71:
		+·+ =-
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>ent</u>	er the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
Ten registered Office radiciss.	Enter Florida street addi	ress
	, ,1	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 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
			
		□Remove	
		☐ Change	
		□Add	
		□Remove	
			☐ Change
			□Add
			□Remove
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		□Remove	
		□Change	
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		□Remove	
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	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	·
f an effective Note: If th	ate, if other than the date of filing:
e record spo d is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	10/24/24
	Signature of a member or authorized representative of a member
,	IESUS GONZALEZ
	Typed or printed name of signee

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Filing Fee: \$25.00