

M 220000008324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies

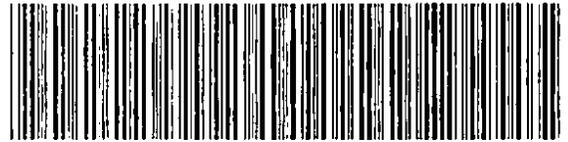
Certificates of Status

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JUL 15 2022

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TALLAHASSEE, FL SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: U.S. Expeditors, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carolyn Goodman
Name of Person

U.S. Expeditors, LLC
Firm/Company

13235 N Promenade Blvd
Address

Stafford TX 77477
City/State and Zip Code

regulatorylicensing@cpap.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carolyn Goodman at (979) 739-8220
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- \$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: U.S. Expeditors, LLC

Enter new principal office address, if applicable: N/A

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: N/A

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M22000008324

3. Jurisdiction of its organization: State of Texas

4. Date authorized to do business in Florida: 05/27/2022

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: N/A
(must contain "Limited Liability Company," "L.L.C.," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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: N/A

New Registered Office Address: N/A

Enter Florida Street Address

N/A N/A
City, Florida 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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

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JUL - 5 AM 10:38
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TALLAHASSEE, FL

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

N/A

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Updating by Removing Authorized Person and adding Board Members

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Authorize	Sunita Desai	2406 Nashmor Drive	<input type="checkbox"/> Add
		Sugar Land TX 77479	<input checked="" type="checkbox"/> Remove
Member	Mark Woods	500 E. 85th Street Apt. 17th	<input checked="" type="checkbox"/> Add
		New York, NY 10028	<input type="checkbox"/> Remove
Member	Anre Puong	240 Winding Brook Road	<input checked="" type="checkbox"/> Add
		New Rochelle, NY 10804	<input type="checkbox"/> Remove
Member	Jay Steinfeld	4919 Holly Street	<input checked="" type="checkbox"/> Add
		Bellaire TX 77401	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

 Signature of the authorized representative

Carolyn Goodman

Typed or printed name of signee

Filing Fee: \$25.00

Corporations Section
P O Box 13697
Austin, Texas 78711-3697



John B. Scott
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Conversion for U.S. Expeditors, LLC (file number 804358365), a Domestic Limited Liability Company (LLC), was filed in this office on December 15, 2021.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 24, 2022.



A handwritten signature in black ink, appearing to read "John B. Scott".

John B. Scott
Secretary of State