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EXAMINER

COVER LETTER

Division of Corp	oorations			
SUBJECT: GOLD 7	TITLE SERVICES, L	LC ited Liability Company)		
	(Name of Lim	ned Elability Company)		
	Amendment and fee(s) are sub	-		
Please return all correspon	ndence concerning this matter	to the following:		
	Alex Perez			
		(Name of Person)		
		(Firm/Company)		
	(Address)			A THOUGH
	MIAMI, FL 33186		Z008 DEC - SECRETA TALLAHA) تعابیم محوم
		(City/State and Zip Code)	ARY (ASSET	
For further information concerning this matter, please call:			AK 10: 25 OF STATE E.FLORID	,
ALEX PEREZ		at (305) 971-9657		
(Name o	(Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for th	e following amount:			
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOLD TITLE SERVICES, LLC				
(Name of the Limited Liability Comp. (A Florida Limited	<u>any as it now appears on our records.</u> Liability Company))		
The Articles of Organization for this Limited Liability Compan	y were filed on 07/28/2006	and assigned		
Florida document number L06000074733	•			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
BOX EXPRESS SERVICES, LLC				
The new name must be distinguishable and end with the words "Lin "L.L.C."	nited Liability Company," the designation	on "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	<u></u>			
(Principal office address MUST BE A STREET ADDRESS)	****	AHASSEI		
		7 R Y R		
Enter new mailing address, if applicable:		AM O:		
(Mailing address MAY BE A POST OFFICE BOX)		25		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		ter the name of the new		
Name of New Registered Agent:		territori		
New Registered Office Address:	(F Fl			
	(Enter Florida stree	i 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Title</u> **Type of Action** <u>Name</u> **Address** MGR LUBEN ZAGOVALOV 900 SW 8TH ST # 703 rr 7 Add Remove MIAMI, FL 33130 MGRM CARLOS SAVORY 12581 SW 134TH COURT # 103 m 7 Add MIAMI, FL 33186 Remove MGRM FRANCISCA CJAN 12581 SW 134TH COURT # 103 ■7 Add Remove MIAMI, FL 33186 Add Remove Add Remove Adelo Refindive Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated November 28 . 2008. Signature of a member or authorized representative of a member **ALEX PEREZ**

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00