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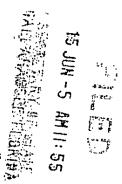
(Requestor's Name)	
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(Business Entity Name) (Document Number)	06/05/1501011-
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JUN 08 2015 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporation		
SUBJECT:	504 EXPLESS LLC Name of Limited Liability Company	
The enclosed Articles of An	nendment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	ANTHONY O. RIVERA	_
	Name of Person	_
	Firm/Company	-
	15560 SW 104 TERRACE #62	<u>.</u> 7
	City/State and Zip Code	_
-	AUTHONY. RIVERA 5@ LMAIL. WA E-mail address: (to be used for future annual report notification)	^
For further information cond	cerning this matter, please call:	
Aut Ho Name of Pe	erson at (305) 934 - 2734 Area Code Daytime Telephone Number	т
Enclosed is a check for the f	following amount:	
\$25.00 Filing Fee	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Copy	ate of Status &

MAILING ADDRESS: 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

(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	ility Company were filed on MAY 04, 10	and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>ent</u> e <u>address here</u> :	er the name of the new
Name of New Registered Agent:		BOE Of Baren
New Registered Office Address:	Enter Florida street address	
	. Florida	Section of
•	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>Address</u> **Type of Action Title** Name AMBR AUTHONY D. RWERA 15560 SW 104 TEPRACE APT. # 627 Remove MIAMI, Fl. 33/96 _____ Remove ☐ Change □ Remove _____ Change _□ Add ____ Remove ____ □ Change ☐ Remove _□ Remove ☐ Change

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ective date, if other than the date of filing: (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pur	event to ADS ATI
e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will	not be listed a
ument's effective date on the Department of State's records.	•
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record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on	hè earlier (
ne 90th day after the record is filed.	数复
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Filing Fee: \$25.00