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. . COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Tu Mayorista Express LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mery VI DARREAL GOMEZ Name of Person
Firm/Company
2133 Polo Carpens Dave Art 104
City/State and Zip Code Menyi) ARRAL 4Hotrail.com E-mail address: (to be used for future annual report notification)
meantilaction) B-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
FRANCISCO JANIOR COMPRERAS ROSTRERAS (561) 360-4462 Name of Person Name of Person Name of Person Name of Person
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Solution Status Solution Status Solution Solutio

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

Tu MAJORIS	sta Express	LLC	
(Name of the Limited). (A	Liability Company as it now Florida Limited Liability Com	appears on our records.) pany)	.
The Articles of Organization for this Limited Liab Florida document number <u>LID0001841</u>		on 8/29/2017	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	ne limited liability compa	nny here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company	"the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	. 3 C	dip.
(Principal office address MUST BE A STREET A	4DDRESS)	# 10 mg 10 m	<u> </u>
Enter new mailing address, if applicable:		13	PH 2:
(Mailing address MAY BE A POST OFFICE BOX)		· Tip	8
B. If amending the registered agent and/or registered agent and/or the new registered office Signa A (CO +) Name of New Registered Agent: New Registered Office Address:	e address here: Meny Vill 2133 Pol	ARRAL Come CARDENS DRIVE ter Florida street address , Florida	2

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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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Filing Fee: \$25.00