# 11800185185

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SECRETARY OF STATE

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## **COVER LETTER**

TO: Registration Se Division of Cor					
	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:			
	DAN DRAGOMIR				
		Name of Person			
	TGV EXPRESS LLC				
		Firm/Company			
	10023 BELLE RIVE BLVD.APT911				
Address					
JACKSONVILLE.FL.32256					
	TGVEXPRESSLLC@GM	City/State and Zip Code			
	-	to be used for future annual report notifica	ution)	₹. ∾	
For further information c	oncerning this matter, please c	all:		<b>2018 A</b> Seor Alla	نا.
DAN DRAGOMIR		216 3742679		AUG I	The same of the sa
Name o	f Person	at () Area Code Daytime T	elephone Number	3 Pg :	
Enclosed is a check for th	ne following amount:			2: 4.6 STATE DRIDA	<b>(_)</b>
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	ng Fee, 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

IGV EXPRESS LLC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L18000185185	y were filed on 07/30/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
DAN: DRAGOMIR	LLC
The new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable:	10023 BECLE RIVE BLUD APT. 911
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	JACKSONVILLE. FL. 372 TG.  ALSO AUG TO SEE THE SECTION OF SECTION
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida

### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	<u>Address</u>	Type of Action
MGR	DAN DRAGOMIR	10023 BELLE RIVE BLVD.APT9	
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08/09/2018 ited		···········				
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Filing Fee: \$25.00