L20000052257

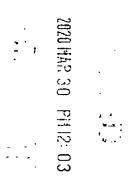
(Requestor's Name)
(Address)
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(Document Number)
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Tallahassee, FL 32314

	Registration Se Division of Cor			
CHD IEC	P Xpress L	LC		• • • • • • • • • • • • • • • • • • •
SUBJEC'	ı:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please reti	urn all correspo	ondence concerning this matter	to the following:	
		Yeiny A Casallas		
			Name of Person	Code Innual report notification) 7254089 Daytime Telephone Number Fee & S60.00 Filing Fee, Certificate of Status & Certificate Copy (additional copy is enclosed)
		P Xpress LLC		
		·	Firm/Company	
		8260 NW 27 ST, STE 410		
			Address	
		Doral, FL 33122		
		yeinycasallaspx@gmail.cor E-mail address: (City/State and Zip Code n to be used for future annual report ne	otification)
For furthe	r information c	oncerning this matter, please c	all:	
Yeiny A Casallas				
	Name o	of Person	at () Area Code Dayt	ime Telephone Number
Enclosed	is a check for the	he following amount:		
■ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
_	Mailing Addres		Street Address:	No. 41 - 22
	Registration ! Division of C			
	P.O. Box 632			-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

P Apress LLC		
(Name of the Limited Liabili (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L20000052257	Company were filed on 02/14/2020	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the lim	ited liability company here:	
		2020
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		्रहरू
Principal office address MUST BE A STREET ADDI	RESS)	
		03
Enter new mailing address, if applicable:		\sim . \sim
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registere gent and/or the new registered office address here:	d office address on our records, enter the	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid:	aZip Code
	Cuy	гір Соае

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 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>	Name	<u>Address</u>	Type of Action
AMBR	Yeiny A Casallas	23751 SW 106 Place, Homestead, FL 33032	= Add
			Remove
			□Change
			□Add
			Remove
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ective date, if other than the date effective date is listed, the date must be effective date inserted in this block ument's effective date on the Department.	e specific and cannot be precious not meet the app	licable statutory fii	more than 90 days after		
cord specifies a delayed effective d s filed.	ate, but not an effective	e time, at 12:01 a.n	n, on the earlier of: (b) The 90th day af	ter th
ed March 25th	2020	i			
	Tu	influence			
	gnature of a member or at	thorized representati	ve of a member		