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(Requestor's Name)
(Address)
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(Business Entity Name)
(Document Number)
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COVER LETTER

10:	Division of Corp			. •	,
SUBJE	cr: TW	EXPRESS	LLC	‡	
~		Name of Limi	ited Liability Company		
The enc	losed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please r	eturn all correspor	ndence concerning this matter	to the following:		
		TAMOITY	A Dun Name of Person	KELLY	
		TW EXPR	ess LL	. C	
			Firm/Company		
		3217 105	ST SW L Address	EHigh A	cres
		FL 3397	City/State and Zip Co		
		FL 3397 Simplipabel	to be used for Mure ann	ual report notification)	
For furt	her information co	ncerning this matter, please ca	all:		
	moHYA	DUNKELLY Person	at (201)	181 75	07
	Name of	Person	Area Code	Daytime Teleph	ione Number
Enclose	d is a check for the	e following amount:			
□ \$ 25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fo Certified Copy (additional copy is	7	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TIME EXDRECK 116

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 545 5 202	and assigned
Florida document number <u>L 21 0000 15 20 6</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
ABENA KELLY EXPRESS LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	F43
B. If amending the registered agent and/or registered office address on our records, <u>enter the nam</u> agent and/or the new registered office address here:	e of the new registered
	4
Name of New Registered Agent:	;
	15.7
New Registered Office Address: Enter Florida street address	
, Florida	
City , Florida	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 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>	Address	Type of Action
AMBR	WESIEY Dunkeling	3217 10 St 8N lehigh Peres FC	🗗 🗗 Ádd
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ectiva	date, if other than the date of filing	•		(optional)	
effect	ive date is listed, the date must be specific and	cannot be prior to da	ate of filing or more than	90 days after filing.)	Pursuant to 605,020
<u>te:</u> If umen	the date inserted in this block does not m t's effective date on the Department of Si	eet the applicable tate's records.	statutory filing requi	rements, this date w	rill not be listed as
	•				
cord s	pecifies a delayed effective date, but not	an effective time,	at 12:01 a.m. on the c	earlier of: (b) The	90th day after the
s filed.		·		(1)	 y
ed	3-8-2021				
	Signature of a m	nember or authorized	d representative of a me	mber	
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	TAMOHYA D				