

L21000/41086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

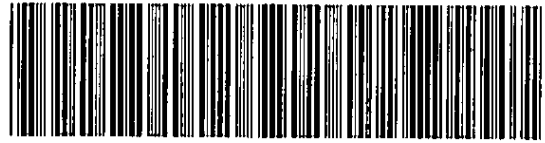
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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6/22/21
[Signature]

FILED
MAY 17 2021
MAY 17 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MDY 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:

Maria Adelfina Alarcon Rivero
Name of Person

MDY EXPRESS LLC
Firm/Company

6875 W 7th AVE APT 610
Address

HIALEAH, FL 33014
City/State and Zip Code

mdyexpress21@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Adelfina Alarcon Rivero at (480) 930-8103
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MDY EXPRESS LLC

(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 March 25, 2021 and assigned Florida document number L21000141086.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, **Florida** _____

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

FILED
MAR 27 2021
TALLAHASSEE
FLORIDA
17

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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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FEB 21 2017

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please I need to remove the title
Prefix "MRS." from my full name.
Thank you.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MAY 7TH, 2021



Signature of a member or authorized representative of a member

MARIA Adolena ALARCON RIVERO

Typed or printed name of signee

RECEIVED
MAY 11 PM 2:17
FED

Florida

DRIVER LICENSE



USA

8 CLASS E

48 CUN **A462-541-69-631-0**

1 ALARCON RIVERO
2 MARIA ADOLFINA
3 6875 W 7TH AVE APT #18
4 HIALEAH, FL 33014

5 DOB 04/11/1969 SEX F
6 EXP 04/11/2020 HEIGHT 5-05"
7 REST A EYES NONE

SAFE DRIVER

8 ISS 12/1/2020

9 500 9072602010745

Operation of a motor vehicle constitutes consent to any sobriety test required by law.



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MAY 17 2020