## 人21000271847

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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09/28/21--01023--003 ++60.00

2021 SEP 28 PM 3: 2:

OCT OF 1991

## **COVER LETTER**

Division of Co	orporations				
	MS FAMILY EXPRESS LLC				
SUBJECT:	Name of Limit	ted Liability Company			
The enclosed Articles o	f Amendment and fee(s) are subn	nitted for filing.			
	ondence concerning this matter t				
	CHUCK MOGBO				
	<u></u>	Name of Person		_	
	CHUCK MOGBO, P.A				
		Firm/Company		_	
	4782 W. COMMERCIAL E	BLVD			
		Address		_	
	TAMARAC, FL 33319				
		City/State and Zip Code		- ः चु <u>न</u> ्	2021
	cmogbo@bellsouth.net	be used for future annual	Leger natification)		E
For further information	concerning this matter, please ca		report notification,		2021 SEP 28
CHUCK MOGBO			39-4669		PH 3: 22
Name	of Person	at () Area Code	Daytime Telephone Number	or 13.5-	3: 22
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 tadditional copy is en	Certification (Certified Certified C	ate of Statu	
Mailing Addre Registration		<u>Street A</u> Registr	ddress: ration Section		

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

TO: Registration Section

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

WILLIAMS FAMILY EXPRESS LL				
(Name of the Limited	LLiability Compa A Florida Limited	ny as it now appears on our r Liability Company)	records.)	
The Articles of Organization for this Limited Liaborida document number L21000271847		were filed on JUNE 11, 20	and assi	gned
his amendment is submitted to amend the follow	ving:			
. If amending name, enter the new name of t	he limited liab	ility company here:		
he new name must be distinguishable and contain the wor	els "Limited Liabi	lity Company " the deciunation	"I I (" or the abbreviation "I I	C."
nter new principal offices address, if applical		1811 SW 119TH TERRA		
Principal office address MUST BE A STREET		MIRAMAR, FL 33025		
nter new mailing address, if applicable:		1811 SW 119TH TERRA	ACE	
failing address MAY BE A POST OFFICE B	OX)	MIRAMAR, FL 33025	<u>,, </u>	
<del></del>				
s. If amending the registered agent and/or reg gent and/or the new registered office address	gistered office : here:	address on our records, <u>e</u>	enter the name of the new	regis
Name of New Registered Agent:	JASMINE O. P	ARILLA	2021 \$ \$\frac{1}{13}[	101
New Registered Office Address:	1811 SW 119T			
<del></del>		Enter Florida street e		•
	MIRAMAR		33025	- 1

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.

New Registered Agent's Signature, if changing Registered Agent:

City

If Chapging Registered Agent, Signature of New Registered Agent

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
			□Add
			Remove
			□Change
<del></del>			□Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
			Bange III
			SF 0/28
			Remove
			□Add
			□Remove
			□ Change
			□Add
			[] Ramova

The name and address of pe	erson(s) authorized to man	nage LLC:			
-					
Title: MGR					
AMIN WILLIAMS					
1811 SW 119TH TERR	RACE		· <u>-</u>		
MIARAMAR, FL 3302	15				
				<del>_</del> .	
				<u></u>	202
		<del> </del>			1351
				<u> </u>	22
				•	<u> </u>
				·	ယ္
				, 14	2
fective date, if other than the an effective date is listed, the date mu	e date of filing:		optio	nal)	nt to 605.0
ote: If the date inserted in this becument's effective date on the I	block does not meet the ap	plicable statutory fili			
record specifies a delayed effecti is filed.	ve date, but not an effecti	ve time, at 12:01 a.m.	on the earlier of: (b)	The 90th o	lay after t
09/23/2021 ited					
	Signature of a member or	·			

Filing Fee: \$25.00

Typed or printed name of signee