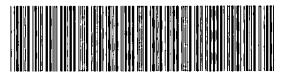
L 22000221760

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

Office Use Only



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A BUTLER
JAN 18 2023

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Campis Expre	ame of Linnted Liability Company	
The enclosed Articles of Amendment and fee	(s) are submitted for filing.	
Please return all correspondence concerning to	his matter to the following:	
Se	an Tordecillas Name of Person	
_	ous Express Mebil	e lle
12	Ob Smoke Ruc C	476
Tellah	City/State and Zip Cod	17
E-marker information concerning this matter	til address: (to be used for future annua	ii report notification)
-		ULS 9958
Mian Hanza Ashra	at (3/8) _ Area Code	Daytime Telephone Number
Enclosed is a check for the following amoun	t:	
∑ \$25.00 Filing Fee ☐ \$30.00 Filing Certificate of	Fee & S55.00 Filing Fe of Status Certified Copy (additional copy is o	Certificate of Status &
Mailing Address: Registration Section		Address: tration Section
Division of Corporations	Divis	on of Corporations
P.O. Box 6327 Tallahassee, FL 32314		Centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number L 22000 22 1760
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of 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, <u>enter the name of the new registered</u> agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street auai co.
, Florida
City Zip Code Now Booletowed Agent's Signature if abancing Registered Agent:

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

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
MER	Sean Tordecilles	303 5 Cipena Rd Apt 107	DVAdd
		703 5 Cipera Rel Apt 107 Tallahassee, FL 32304	Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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 			🗆 Add
			Remove
			□Change
			□Add
			□Remove
			□Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.) Sean Tordecillo Will Own 5090
	of Campus Express Mobile
	
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_	
-	
_	
(If an effec Note: If	e date, if other than the date of filing: (optional) (ive 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) (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the it's effective date on the Department of State's records.
	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
Dated _	
	Signature of a member of authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00