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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TOG3 LLC Account Number : 120230000180 : (321)316-3005

Fax Number : (321)395-1551

Enter the email address for this business entity to be used for future Fannual report mailings. Enter only one email address please.

Email	Address:	

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K. SALY

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Help

COVER LETTER

TO:

TO: Registration So Division of Cor			
	RESS LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JULIA DA COSTA		
		Name of Person	9.444.144.144.144.144.144.144.144.144.14
	TAX ONE CONSULTING	G SERVICES, LLC	
	<u> </u>	Firm/Company	
	701 W OAKLAND AVE	SUITE 4220	
		Address	
	OAKLAND, FL. 34787		
		City/State and Zip Code	
	services@taxonec.com		
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
JULIA DA COSTA		321 448-0001 at ()	
Name c	f Person		ne Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 Filing Fee	S30.00 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 Addres Registration ! Division of C	Section	Street Address: Registration Se Division of Co	
P.O. Box 632	•	The Centre of T	•
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

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



EFC EXPRESS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	ny were filed o	on <u>05/20/2024</u>	and assigned
Florida document number E24000233371			
This amendment is submitted to amend the following:	amending name, enter the new name of the limited liability company here: we name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." new principal offices address, if applicable: cipal office address MUST BE A STREET ADDRESS) remew mailing address, if applicable: ing address MAY BE A POST OFFICE BOX) amending the registered agent and/or registered office address on our records, enter the name of the new registered		
If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." er new principal offices address, if applicable: ncipal office address MUST BE A STREET ADDRESS) er new mailing address, if applicable: niling address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here:			
The new name must be distinguishable and contain the words "Limited Lic	ability 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)			
R If amending the registered agent and/or registered affic	e address on a	nur records, enter (the name of the new registered
agent and/or the new registered office address here:	C 14411 C 3.5 W.1	our records, <u>enter</u>	the name of the new registeree
Name of New Registered Agent:			
New Registered Office Address:			
	Ente	er Florida street address	•
		, Flo	orida
	City		Zip Code
New Registered Agent's Signature, if changing Registered Ager	<u>ıt:</u>		
I hereby accept the appointment as registered agent and a	~*		
provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a			

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	FERNANDO CANCADO	3264 BUOY CIR, WINTER GARDEN, FL 34787	■Add
			□Remove
		 	□ Change
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effective of	late is listed, the date inserted i	date must be	specific and	cannot be j	prior to da	te of filing	or more th	an 90 days a	ifter filing	g.) Pursuan	t to 605,0207 (
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	iñes a delayed	effective d	ate, but not	an effecti	ve time.	at 12:01 a	i.m. on the	e earlier of	: (b) T	he 90th d	ay after the
s filed.											
07/29	/2025										
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Filing Fee: \$25.00