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COVER LETTER

Div	ision of Corpo	orations			
SUBJECT:	WW XPRES	S, LLC			
		Name of Limi	ted Liability Company		
The enclosed	l Articles of A	mendment and fee(s) are subi	nitted for filing.		
Please return	all correspond	dence concerning this matter t	to the following:		
		Bruce Behren			
			Name of Person		
		WW Xpress, LLC			
Firm Company					
		13745 SW 104th Court Address			
			Address		-
		Miami, FL. 33176	,		
		bbehren@bellsouth.net	City/State and Zip Code		- · · - · · · · · · · · · · · · · · · ·
		E-mail address: (t	o be used for future annual r	report notification)
For further in	nformation con	ncerning this matter, please ca	.11:		
Bruce Behre	n		786 493 at ()	3-5688	
	Name of I	Person	Area Code	Daytime Telep	hone Number
Enclosed is a	check for the	following amount:			
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is encl		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FI. 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WW XPRESS, LLC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number $\frac{L05000119790}{L05000119790}$.	y were filed on 12/2005 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
BDB XPRESS, LLC	
The new name must be distinguishable and contain the words "Limited Liab	pility 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)	2019 OOT - I FE
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			
			C Remove
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U CC	tron down if well-on allow down of filling.
Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	October 2nd 2019
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	// 📶 /)
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00