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(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL.		
(Bu	siness Entity Nar	me)		
(Do	cument Number)			
Certified Copies	Certificates of Status			
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2012 FEB 22 PM 2: 43
SECRETARY OF STATE
AND AND ASSEE, FLORIDI



J. BRYAN

FEB 2 3 .2012

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 15, 2012

ALBA E VIVAR MIAMI DISPATCH & CARRIER SERVICES 8040 NW 95TH ST SUITE #106 HIALEAH GARDENS, FL 33016

SUBJECT: FLV_EXPRESS LLC Ref. Number: L06000066073



We have received your document for FLV_EXPRESS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Joey Bryan Regulatory Specialist II

Letter Number: 712A00007005

www.sunbiz.org

Disiring of Community and DO DOV 0007 M-11-1----- Elected 2001

COVER LETTER

TO:

Registration Section

Division of C	orporations			3		
				10 B 1		
SUBJECT:		是 五				
	Name of Limited Liability Company					
				PILEB 22 PH 2: 43 TALLAHASSEE, FLORID TALLAHASSEE, FLORID		
				Fro 3		
the enclosed Articles	of Amendment and fee(s) are subm	utted for filing,		100 K		
Please return all corres	pondence concerning this matter to	the following:		22 5		
				OF .		
		ALBA E VIVAR				
	Name of Person					
				•		
	MIAMI DISPA					
	Firm/Company					
	8040 NW 95 TH ST SUITE#106					
		H GARDENS, FL 330 ^o City/State and Zip Code	16			
		•				
	MIAMIDI E-mail address: (to	SPATCH@GMAIL.CO be used for future annual report n	otification)			
Eas Combon in Commention		•	,			
ror turmer information	concerning this matter, please cal	:				
Α	LBA E VIVAR	at (305)	822-0255			
Name	of Person	Area Code & Day	time Telephone Number			
		_				
Enclosed is a check for	CHOCK SENT	-				
	_		- Φεο οο Ε'''	5		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy	\$60.00 Fili Certificat	ng ree, e of Status &		
		(additional copy is enclo				
			(addition	al copy is enclosed)		
MAI	LINC ADDDECC.	etheet/cal	IDIED ADDDECC.			
MAILING ADDRESS: Registration Section		Registration Sec	RIER ADDRESS:			
Divis	ion of Corporations	Division of Corporations				
P.O. Box 6327		Clifton Building				
Tallahassee, FL 32314		2661 Executive Center Circle				

Tallahassee, FL 32301

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

FLV EXPRESS LLC

	TC	RGANIZATION	N	MINTER PLE PHY 2: 43				
FLV 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 Lia	bility Company v	were filed on	06/30/2006	and assigned				
Florida document number L0600066073								
A. If amending name, enter the new name of the new name must be distinguishable and end with "L.L.C."	the limited liabil		the designation "I	LLC" or the abbreviation				
Enter new principal offices address, if applical	ble:	7001 BONITA D	R APT 46					
(Principal office address MUST BE A STREET ADDRESS)		MIAMI BEACH, FL 33141						
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7001 BONITA DI MIAMI BEACH, I						
B. If amending the registered agent and/or registered agent and/or the new registered offi		:	records, <u>enter 1</u>	the name of the new				
New Registered Office Address:	TOOL DONUTA DO ART 10							
Enter Florida street address								
	MIAMI BEACH		, Florida	33141				
		City		Zip Code				
New Registered Agent's Signature if changing Re	aictored 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> **Type of Action** . Name Address **MGRM** YOEL PILOTO VERDE 7001 BONITA DR APT 46 MIAMI BEACH, FL 33141 Remove MGRM FELIX VERDE 1055 WEST 23 TH STREET ✓ Remove HIALEAH, FL 33010 MGR MARIA M REYES <u>1055 WEST 23 TH STREET</u> ☐ Add HIALEAH, FL 33010 ∇ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **FEBRUARY 20** 2012 Dated Signature of a member or authorized representative of a member **FELIX VERDE**

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00