## L0700006726

| (Requestor's Name)                      |                       |  |  |  |
|---|-----------------------|--|--|--|
|   |                       |  |  |  |
| (Address)                               |                       |  |  |  |
| (Address)                               |                       |  |  |  |
| (City/State/Z                           | ip/Phone #)           |  |  |  |
| PICK-UP V                               | VAIT MAIL             |  |  |  |
| (Business E                             | ntity Name)           |  |  |  |
| (Document Number)                       |                       |  |  |  |
| Certified Copies Ce                     | ertificates of Status |  |  |  |
| Special Instructions to Filing Officer: |                       |  |  |  |
|   |                       |  |  |  |
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05/27/09--01031--001 \*\*25.00



S. HAWKES
MAY 2 8 2009
EXAMINER

## **COVER LETTER**

| TO: Registration Sec<br>Division of Corp | porations                                  |  | ,  |
|--|--|--|--|
| suвјест: <u>Ѕир</u> и                    | R Shine Mol<br>Name of Limi                | ted Liability Company  | <u>C/L</u> 0700000672  |
| The enclosed Articles of                 | Amendment and fee(s) are sub               | omitted for filing.  |  |
| Please return all correspon              | ndence concerning this matter              | to the following:  |  |
|  | Samu                                       | Name of Person   |  |
|  | Super ShiNe                                | Firm/Company   | LLC  |
|  | 4407 Cen                                   | Hennial Dr. Address  |  |
|  | ORlando                                    | City/State and Zip Code  | 32808  |
|  | N JUFFERS DA                               | O CHIRR. Com   | ation)   |
| For further information co               | oncerning this matter, please c            | all:   |  |
| Samuel Te<br>Name of                     | Person                                     | at ( <u>407)</u> 928-76<br>Area Code & Daytime 1                 | -36<br>Telephone Number  |
| Enclosed is a check for th               | e following amount:                        |  |  |
| \$25.00 Filing Fee                       | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 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

bile Express LLC / LO 7 00000 6 72 imited Liability Company as it now appears on our records. The Articles of Organization for this Limited Liability Company were filed on Jav. 18 2007 and assigned Florida document number LD 70 0000 6726 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 end with the words "Limited Liability Company," the designation "LEC" 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: 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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

| 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: |   |  |  |  |  |
|---|---|--|--|--|--|
| ager<br>anaging Member  |   |  |  |  |  |
| <u>Name</u>   | Address   | <b>Type of Action</b>  |  |  |  |
| Shelia Johnson  | 4407 Centennial DR.<br>ORIANDO FI 32808   | Add Remove   |  |  |  |
|   |   | Add Remove   |  |  |  |
|   |   | Add  Remove  Add  Remove   |  |  |  |
| ng any other information, enter chang   | ge(s) here: (Attach additional sheets, if neces   |  |  |  |  |
|   |   |  |  |  |  |
| Signature of a member   | o 9.  To authorized representative of a member  Lea Coe   |  |  |  |  |
|   | Member being added or removed from ager anaging Member  Name  She lia Johnson  Ing any other information, enter change the standard of a member analysis of | Member being added or removed from our records:  ager anaging Member  Name  She lia Johnson  4407 Centennial Dr. Or/Ando F/ 32808  ang any other information, enter change(s) here: (Attach additional sheets, if nece.)  Signature of a member of authorized representative of a member |  |  |  |

Page 2 of 2

Filing Fee: \$25.00