<u> 10700020923</u>

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COVER LETTER

Division of C	Section Corporations					
SUBJECT:	REAL EXPRES	S OF ORLANDO LLC				
,	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	nited Liability Company)	**************************************			
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.				
Please return all corre	spondence concerning this matte	r to the following:				
	FE	RNANDA F. GRANJA				
		(Name of Person)				
	REAL EXPRESS OF ORLANDO LLC					
		(Firm/Company)				
	7901 K	INGSPOINTE PKWY STE. 3	1A			
		(Address)				
	<u></u>	ORLANDO, FL 32819				
		(City/State and Zip Code)				
For further informatio	n concerning this matter, please	cali:				
FERNANDA F G		at (407) 832-3423				
(Nar	ne of Person)	(Area Code & Daytime	Telephone Number)			
Enclosed is a check fo	r the following amount:		2007 TALL/			
✓ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	SECRETARIAN & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)			
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassas FL 32314		STREET/COURIED	R ADDRESS:			
		Registration Section Division of Corporati	ions			
		Clifton Building	er Cirola			

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REAL E	XPRESS OF ORLANDO LLC	
(Name of the Limited Li (A F	ability Company as it now appears on our orida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liab	ility Company were filed on 02/23/07	and assigned
Florida document number <u>L07000020923</u>	·	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company," the o	designation "LLC" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered offic		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(T)	
	(Enter Flor	ida street address)
-	(City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Reg	istered Agent:	
I hereby accept the appointment as registered a the provisions of all statutes relative to the prop accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this cha	per and complete performance of my du red agent as provided for in Chapter 60 istered office address, I hereby confirm	tties, and I am familiar with and 08, F.S. Or, if this document is a that the limited liability
	Page 1 of 2	OF SI

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

Title .	Name	Address	Тур	e of Action
MGRM_	CLAUDIO ZANI SILVA	7212 Sring Villas Cir. Orlando, FL 32819 REMOVE THIS MGRM	_	Add Remove
				Add Remove
				Add Remove
				Add Remove
				Add Remove
				Add Remove
D. If amendin	ng any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar)	2)	20
			ECRETARY O	07 DEC 20
Dated <u>12/14</u>	, <u>2007</u>	Ly Sw	OR.	
		r or authorized representative of a member	, **	-
	Typed	or printed name of signee		

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Filing Fee: \$25.00