607000035065

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:

A. LUNT

JUL 31 2009

EXAMINER

Office Use Only



100158871921

07/30/09--01046--011 **30.00

009 JUL 30 PM 1:5

FILED

COVER LETTER

TO:

то:^	Registration S Division of Co			
SUBJE	CT:	A. R. E	EXPRESS, LLC	
50502	<u> </u>	Name of Lin	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are su	abmitted for filing.	
Please r	eturn all corresp	ondence concerning this matte	er to the following:	
		DE I	OS RIOS, FERNANDO A Name of Person	
			Firm/Company	2009 SE TAL
2513 NW 72 AVE STE B Address				2009 JUL 30 PM 1:59 SECRETARY OF STATI TALLAHASSEE. FLORI
MIAMI FL 33122				O PA
		E-mail address:	City/State and Zip Code -express@hotmail.com (to be used for future annual report notification)	1:59 STATE STATE
For furt	her information	concerning this matter, please	•	P
	 	IDO DE LOS RIOS	at (305) 5425607	
	Name (of Person	Area Code & Daytime Telephone N	lumber
Enclose	d is a check for t	he following amount:		
□\$ 25.	00 Filing Fee	▼\$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	00 Filing Fee, rtificate of Status & rtified Copy Iditional copy is enclosed)
	Regist Divisi P.O. B	AING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

I
iation
-7 1
一
П
O
new

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.

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:

<u>Title</u>	Name *	Address	Type of Action
MGRM	ANDRES F. MONTOYA	4909 SW 140 TERR MIRAMAR FL	Add Remove
			Add Remove
			Add
-			Add
		*	Add
			S S S
D. If amend	ling any other information, enter change(s	here: (Attach additional sheets, if necessary)	FILED Jul 30 Pm 1:59 M#TARY_OF STATE
· _		DA	: 59
Dated	July 10 /2009		
		authorized representative of a member NDO DE LOS RIOS printed name of signee	-

Page 2 of 2

Filing Fee: \$25.00