

LD1000056028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

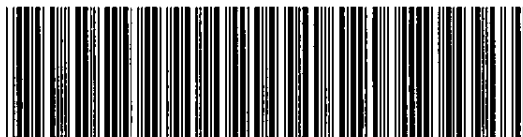
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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LEMAX EXPRESS LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Slyusarchuk Maksim
(Name of Person)

LEMAX EXPRESS LLC
(Firm/Company)

18911 COLLINS AVE # 805
(Address)

SUNNY ISLES BEACH, FL 33160
(City/State and Zip Code)

For further information concerning this matter, please call:

Slyusarchuk Maksim at (**786**) **277-7499**
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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**

LEMAX EXPRESS LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 05/28/2007 and assigned document number L07000056628.

SECOND: This amendment is submitted to amend the following:

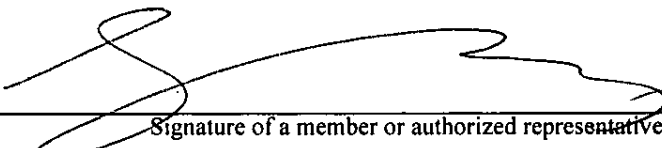
Delete: Slyusarchuk Maksim -MGR- 18911 Collins Ave # 805, Sunny Isles Beach, FL 33160

will no longer serve as a MGR of LEMAX EXPRESS LLC

Add: SOUTH FLORIDA UNION LLC - MGR- 2999 NE 191st Street # 905, Aventura, FL 33180

will serve as a MGR of LEMAX EXPRESS LLC

Dated August 22, 2007.



Signature of a member or authorized representative of a member

Slyusarchuk Maksim

Typed or printed name of signee

Filing Fee: \$25.00

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