L07000083525

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COVER LETTER

то:	Registration Se Division of Cor					
		Professional Services LLC				
SUBJECT: Name of Limited Liability Company						
The c	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	e return all correspo	ndence concerning this matter	to the following:			
		Odette Avilmar				
			Name of Person	· · · · · · · · · · · · · · · · · · ·		
	Express & Professional Services LLC					
						
			Address			
		Miami, FL 33162				
		City/State and Zip Code				
		alexandre.lamatine@yahoo.com				
		4:-mail address: (to be used for future annual report notif	ication)		
For fi	irther information c	oncerning this matter, please ca	all:			
Lam:	nine Alexandre		786 624-1182			
	Name o	l'Person	at () Area Code Daytime	Telephone Number		
Enclo	sed is a check for th	ne following amount:				
■ \$3	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 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

EXPRESS AND PROFESSIONAL SERVICES LLC

(Name of the Limi	ited Liability Compar (A Florida Limited L	ny as it now appears on iability Company)	our records.)	
The Articles of Organization for this Limited I. Florida document number $\frac{1.07000083525}{1.0000083525}$	iability Company (were filed on <u>04/20/2</u>	020	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name o	of the limited liabi	lity company here:		
Tax Express & Professional Services LLC				~ a
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company." the design	ation "LLC" or the abbrev	— ,
Enter new principal offices address, if applic	cable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)				27
				-0 -13K
Enton now mailing address if applicable		2027 NE 172nd ST		# 表示 2: -
Enter new mailing address, if applicable:		North Miami Beach,		——∞——
Mailing address MAY BE A POST OFFICE	<u> </u>	FL 33162		
3. If amending the registered agent and registered agent and/or the new registered of		;	r records, <u>enter the</u>	name of the no
Name of New Registered Agent:				
New Registered Office Address:	1673 NE 163rd ST Enter Florida street address			
	North Miami Be		reet address , Florida _ ³³¹⁶²	
		City	, FRUIGA	!ip Code

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 605, 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Lamatine Alexandre	2027 NE 172nd ST, North Miami Beach, FL 33162	
			☐ Remove
			Change
D	Odette Avilmar	2032 NE 172nd ST, North Miami Beach, FL 33162	Add
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
			□ Remove
			Change
			Add
			□ Remove
			☐ Change

	N/A
	04/20/2020
Note:	etive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Datec	3 April 20 2020
	ODEH = GVIIMAR Signature of a member or authorized representative of a member
	Ordette Avilmar

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Typed or printed name of signee

Filing Fee: \$25.00