## LD8000014978

(Requestor's Name)	
(Address)	
(Address)	
,	
(City/State/Zip/Phone #)	
(ONTO CALCULATION OF THE ANY	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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SEP <b>2.3</b> 2011	
EXAMINER	

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: COUPTLYN 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:
Glenn Dan
Name of Person  EX Dresc
Firm/Company  Address
New Port Richard FL 3465C,
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  at (813) 649 4345  Name of Person  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Solution}\$\$\ \text{Solution}\$\$\ \text{Certificate of Status}\$\$ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ (addition

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		1 1		
		/ /		
(_ounthun &	2 X Dres	Shh	C	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our bility Company)	records.)		
(i.i. data Zilino Zili		1		
The Articles of Organization for this Limited Liability Company w	ere filed on $\frac{}{}$	0/2008	and assi	igned
Florida document number <u>LO80002</u> . 49	78	,		
This amendment is submitted to amend the following:				
This amount is successful to amount the following.				
A. If amending name, enter the new name of the limited liability	ty company here:			
	NA			
The new name must be distinguishable and end with the words "Limited "L.L.C."	I Liability Company," the	designation "LLC"	or the al	bbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	NA			<del>.</del>
	,			
•		•		<del></del>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	NA			
<u> </u>	70 1 1			
B. If amending the registered agent and/or registered offic	e address on our reco	ords, enter the n	ame of	f the new
registered agent and/or the new registered office address here:				
			22k	
Name of New Registered Agent:	24	HANN NATION	ES:	भारतकः
			2	Characterists
New Registered Office Address:	Futar Flori	da street address	N	4 Agents
	Emer Piori	da street adaress	3	111
		, Florida <u>Čiš</u>	Ŋ	
	City	$Z_i$	p <sub>i</sub> Code <b>435</b>	
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, Sanature 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:

MGR = Manager

MGRM = Managing Member Title **Name Address Type of Action** ☐ Add Remove ☐ Add Remove ∏Add Remove  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member tative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00