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(Red	questor's Name)	
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JUL 15 2015 S. YOUNG

COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

	gistration Se vision of Cor					
		ID EXPRESS LLC				
SUBJECT:		Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub-	_			
		MARGARITA BOBKOV	A			
			Name of Person		•	
			Firm/Company		-	
		19 PONY LN				
			Address		•	
		PALM COAST, FL 32164			್ದು ≓	
			City/State and Zip Code			
		MARGARITA.BOBKOVA	-		社所に	-17
		E-mail address: (to be used for future annual report notific	cation)		1
For further	information co	oncerning this matter, please ca	all:		11:5	ILEU
MARGAR	ITA BOBKO	VA	386 5033003		PH 2	·
	Name of	f Person		Telephone Number	<u> </u>	
Enclosed is	a check for th	ne following amount:				
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	
	Registr	ING ADDRESS: ation Section on of Corporations	STREET/COURIE Registration Section Division of Corpora			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EAST WIND EXPRESS LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 09/29/2008	and assigned
Florida document number L08000092590	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
		司留 3
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or t	he abbreviation "L.L,C;"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	13.5
		·0.0
		海営 の
Enter new mailing address, if applicable:		
2 58 58		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		iter the name of the ne
registered agent and/or the new registered office ad	uress here.	
Name of New Registered Agent:		
Traine of the Progration Angelia.		
New Registered Office Address:	Enter Florida street address	
	, Florid:	7 in 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARGARITA BOBKOVA	19 PONY LN, PALM COASTT, F	Add
			□ Remove
			Change
			Remove
			G.Change
			Add M
			☐ Change
			Add
			Remove
			Change
		<u> </u>	Remove
			Change
			Remove
			☐ Change

	•
	
	
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	is .
E. Effective date, if other than the date of filing:	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purs	suant to 605.020
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed a
document's effective date on the Department of State's records.	是口
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. of the	f 4
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on to the sound of the sound that the record is filed.	
·	
Dated JULY 07 2015	
. 0	
M. Bobkove Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	
MARGARITA BOBKOVA	

Page 3 of 3

Filing Fee: \$25.00