## 09000121120

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP		MAIL
(Business Entity Name)		
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



09/22/10--01018--004 \*\*25.00

FILED 2010 SEP 22 AND 35 SECRETARY OF STATE AHAASSEE, FLORIDA

T. CLIME SEP 2 3 2010 EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: <u>903 Express</u> 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:
Rick SITZER. Name of Person
<u>903 Express</u> LLC. Firm/Company
5756 PORT CONFORTE LNI Address
ORLANDO 71. 32829 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rick (ITZEN Name of Person at (386 789 - 13/6 Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,   Certificate of Status Certified Copy Certified Copy Certified Copy   (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. <u>903 Express</u> ( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.)	<del></del>	
The Articles of Organization for this Limited Liability Company Florida document number <u>LO 9000 121120</u> .	were filed on 12 22 09	_ and assign	ed
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liab</u>	<u>ility company here</u> :		
The new name must be distinguishable and end with the words "Limit" "L.L.C."	ted Liability Company," the designation "LLC	" or the abbr	eviation
Enter new principal offices address, if applicable:		<u> </u>	<u> </u>
Principal office address MUST BE A STREET ADDRESS)		010	
	다. 이 고드 		<u>n</u>
	S.S.		7

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

SEG	010	
	SEP	Th:
in P	22	ſ
	700 m	FN
	<u>ē</u>	$\bigcirc$
	ű	
	CRETARY OF STA	SEP 22 M D RETARY OF STAI

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

City

Zip 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 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

Page 1 of 2

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: 1 1 4

MGR = Manager MGRM = Managing Member

<u>.</u> Title	<u>Name</u>	Address	Type of Action
<u>MG'RM</u>	CESAN DESTANDO	13572 TUDTIE MARSHLO # 238 ORLANGO, 7- 32837	p ☐ Add 2 Remove
MGBM	Rick Sitten.	5756 PORT (on (ondé UN Optimido 14 32829	Add PRemove
			Add Remove 
	CESAR RESTREDO	13572 TUPTLE MARAHLA # 238 Onlindo 76 32837 5	Add Remove
MG-R	Rick SITZER	5756 Point Con Condient	
			Ard C
D. If amend	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
. <u>.</u>	······································		<del></del>
	···· ; ····· ·· ··· ·· · · · · · · · ·	- <u>-</u>	_
 Dated			

Signature of a member or authorized representative of a member Rick SITION

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00