

L09000121120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400205775044

04/29/11--01033--030 **25.00

FILED
11 MAY 16 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. BALLY
EXAMINER
MAY 17 2011



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2011

903 EXPRESS LLC
NICHOLAS MASSONI
1208 GORE STREET
ORLANDO, FL 32806

SUBJECT: 903 EXPRESS LLC
Ref. Number: L09000121120

We have received your document for 903 EXPRESS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 311A00010853

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 903 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:

NICHOLAS MASSONI

Name of Person

903 EXPRESS LLC

Firm/Company

1208 GORE STREET

Address

ORLANOD, FL 32806

City/State and Zip Code

nicholasmassoni@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICK MASSONI

Name of Person

at (407)

748-5923

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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**

FILED

11 MAY 16 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

903 EXPRESS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12-22-2009 and assigned
Florida document number L09000121120.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1208 GORE STREET

ORLANDO, FL. 32806

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2599 LUCIEN WAY

MAITLAND, FL. 32751

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

Name of New Registered Agent:

NICHOLAS MASSONI

New Registered Office Address:

1208 GORE STREET

Enter Florida street address

ORLANDO

City

Florida

32806

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

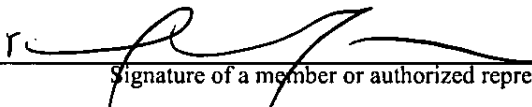
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|-----------------------|--|
| MGR | RICHARD SITZER | 5756 PORT CONCORDE LN | <input type="checkbox"/> Add |
| | | ORLANDO, FL 32829 US | <input checked="" type="checkbox"/> Remove |
| MGR | CESAR RESTREPO | 13572 TURTLE LOOP - | <input type="checkbox"/> Add |
| | | #238 | <input checked="" type="checkbox"/> Remove |
| | | ORLANDO FL 32837 US | |
| MGRM | NICK MASSONI | 5756 PORT CONCORDE LN | <input type="checkbox"/> Add |
| | | ORLANDO, FL 32829 US | <input checked="" type="checkbox"/> Remove |
| MGR | NICHOLAS MASSONI | 1208 GORE STREET | <input checked="" type="checkbox"/> Add |
| | | ORLANDO, FL 32806 US | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____, _____



Signature of a member or authorized representative of a member

Typed or printed name of signee