

L10000092753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

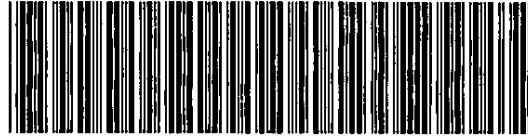
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100276893541

09/11/15--01010--016 \*\*25.00

FILED  
15 SEP 25 AM 11:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 29 2015

Y SULKER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** EXPRESS FINANCIAL SERVICES 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:

JOSE PUENTE

\_\_\_\_\_  
Name of Person

EXPRESS FINANCIAL SERVICES LLC

\_\_\_\_\_  
Firm/Company

4805 NW 79 AV SUITE 11

\_\_\_\_\_  
Address

DORAL FL 33166

\_\_\_\_\_  
City/State and Zip Code

INFO@EXPRESSFINANCIAL.US

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

For further information concerning this matter, please call:

JOSE PUENTE

786 9734286  
\_\_\_\_\_  
at ( )  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 15, 2015

JOSE PUENTE  
4805 NW 79 AVE SUITE 11  
DORAL, FL 33166

SUBJECT: EXPRESS FINANCIAL SERVICES, LLC  
Ref. Number: L10000092753

We have received your document for EXPRESS FINANCIAL SERVICES, 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.

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) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 915A00019412

RECEIVED

15 SEP 25 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

EXPRESS FINANCIAL SERVICES 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 09/03/2010 and assigned  
Florida document number L10000092753.

This amendment is submitted to amend the following:

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

EXPRESS CABINETS AND SERVICES LLC

The new name must be distinguishable and contain 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)**

4805 NW 79 AV

SUITE 11

DORAL FL 33166

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

4805 NW 79 AV

SUITE 11

DORAL FL 33166

**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:

EXPRESS FINANCIAL CORP

New Registered Office Address:

4805 NW 79 AV SUITE 11

*Enter Florida street address*

DORAL

, Florida 33166

*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 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>          | <u>Address</u>              | <u>Type of Action</u>                   |
|--------------|----------------------|-----------------------------|---|
| MGR          | LEONEL D VERZI       | 4805 NW 79 AV SUITE 12 DORA | <input checked="" type="checkbox"/> Add |
|              |                      |                             | <input type="checkbox"/> Remove         |
|              |                      |                             | <input type="checkbox"/> Change         |
| ABMR         | WISMEL PRADO HERRERA | 4805 NW 79 AV SUITE 11 DORA | <input checked="" type="checkbox"/> Add |
|              |                      |                             | <input type="checkbox"/> Remove         |
|              |                      |                             | <input type="checkbox"/> Change         |
|              |                      |                             | <input type="checkbox"/> Add            |
|              |                      |                             | <input type="checkbox"/> Remove         |
|              |                      |                             | <input type="checkbox"/> Change         |
|              |                      |                             | <input type="checkbox"/> Add            |
|              |                      |                             | <input type="checkbox"/> Remove         |
|              |                      |                             | <input type="checkbox"/> Change         |
|              |                      |                             | <input type="checkbox"/> Add            |
|              |                      |                             | <input type="checkbox"/> Remove         |
|              |                      |                             | <input type="checkbox"/> Change         |

FILED  
19 SEP 25 AM 1:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

18 SEP 25  
SECRETARY  
TALLAHASSEE

FILED  
19 SEP 25 AM 11:39  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA  
Faint text at bottom: 605.0207

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated SEPTEMBER 03, 2015

Signature of a member or authorized representative of a member

JOSE PUENTE

Typed or printed name of signee