

L10000093720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

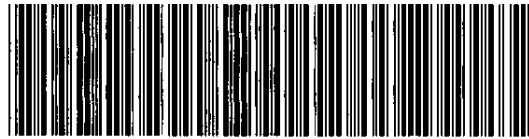
(Business Entity Name)

(Document Number)

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10 SEP 20 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan SEP 21 2010

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ALCON XPRESS 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:

ALEX E. CONTRERAS

Name of Person

Firm/Company

1970 East Osceola Parkway, Suite 315

Address

Kissimmee, Florida 34743 US

City/State and Zip Code

AlconXpress@aol.com

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

For further information concerning this matter, please call:

ALEX E. CONTRERAS

Name of Person

at (917) 295-1120

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
10 SEP 20 PM 12:11

ALCON XPRESS LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on FLORIDA and assigned
Florida document number L10000093720.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

ALEX E. CONTRERAS

New Registered Office Address:

1970 East Osceola Parkway, Suite 315

Enter Florida street address

KISSIMMEE

Florida

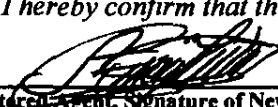
34743

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

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

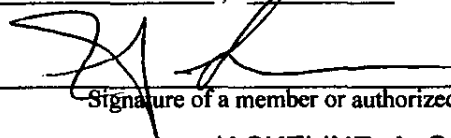
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Jackeline A. Contreras	1970 East Osceola Parkway Suite 315 Kissimmee, Florida 34743	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Alex E. Contreras	1970 East Osceola Parkway Suite 315 Kissimmee, Florida 34743	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Yessenia Ruiz Contreras	6044 Bent Pine Dr. Apt. 3332 Orlando, Florida 32822	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <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.)

FILED
10 SEP 20 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated September 16, 2010



Signature of a member or authorized representative of a member

JACKELINE A. CONTRERAS

Typed or printed name of signee