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(Requ	uestor's Name)	
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COVER LETTER

	Registration Se Division of Cor		•				
emp rece		TIONAL EXPRESS SERVICE	S CENTER, LLC				
SUBJEC	I:	Name of Lim	ited Liability Company	-	-		
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please ret	urn all correspo	ondence concerning this matter	to the following:				
		Marie Lourdes Metellus					
			Name of Person		_		
			Firm/Company		_		
		822 NE 12th Street, Suite	105		ζ.) •=i:=	202	
			Address			API	-
		North Miami, FL 33161			. 2	₹ 26	T
		mitautauut@umnit aus	City/State and Zip Code		-8887 -707 -707	- 0	ï
		miloulegal@gmail.com	to be used for future annual re	nort notification)	- ដូច្	ယ္	ζ
For furthe	er information c	concerning this matter, please co		pan nouncation)	1.1	32	
Abraham	Metellus		786 566-1	7158			
	Name c	of Person	Area Code	Daytime Telephone Numb	ber		
Enclosed	is a check for t	he following amount:					
■ \$25.0	0 Filing Fee	El \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi sed) Certifi	Filing Fee, icate of Stat ied Copy mal copy is end	ius &	
1	Mailing Addres Registration	Section	•	ion Section			
	Division of C P.O. Box 632			of Corporations re of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTERNATIONAL EXPRESS SERVICES CEN		
(A Plorida Cim	ompany as it now appears on our records, ited Liability Company))
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{1.10000131030}{1.0000131030}$.	oany were filed on 12/27/2010	and assigned
This amendment is submitted to amend the following:		
Č		
A. If amending name, enter the new name of the limited	liability company here:	
National Legal Services, LLC		<u>∞</u> ≥
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC"	
Enter new principal offices address, if applicable:		PR PR
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	26
		<u> </u>
		, , , , , , , , , , , , , , , , , , ,
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
-		
		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter tl</u>	he name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u></u>	, Flor	ida
	City	Zin 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 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>	Type of Action
			□Add
			□Remove
			□Change
	-		
			□Remove
			DE Change
			20 Add
			PH FIS SERemove
			□ S Change
			□Add
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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prio ote: If the date inserted in this block does not meet the appli- beament's effective date on the Department of State's records	cable statutory filing re-	doptio (optio) han 90 days after (quirements, this	filing.) Pur	suant to 6 not be li	05.0207 isted as t
record specifies a delayed effective date, but not an effective this filed.	time, at 12:01 a.m. on t	he earlier of: (b)	The 901	h day af	iter the
ated 4/22/21					
Signature of a member or auth	horized representative of a	member			
Z1 1 .					

Filing Fee: \$25.00