

L11000053226

(Requestor's Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAY 23 PM 1:40

T. HAMPTON

MAY 24 2011

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Potential Express L.L.C**  
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:

**Saily Almaguer**

Name of Person

**Potential Express L.L.C**

Firm/Company

**1140 W 50 St Suite 308**

Address

**Hialeah FL 33012**

City/State and Zip Code

**potentialexp@yahoo.com**

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

For further information concerning this matter, please call:

**Saily Almaguer**

Name of Person

at ( **786** )

**223 3667**  
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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11 MAY 23 PM 1:40

**Potential Express L.L.C**

(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 05/05/2011 and assigned  
Florida document number L11000053226.

This amendment is submitted to amend the following:

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

N/A

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:**

1140 W 50 St

**(Principal office address MUST BE A STREET ADDRESS)**

Suite 308

Hialeah FL 33012

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

1140 W 50 St

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

Suite 308

Hialeah FL 33012

**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:**

Saily Almaguer

**New Registered Office Address:**

1140 W 50 St suite 308

*Enter Florida street address*

Hialeah

, Florida

33012

*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	Ulises Alfonso	2467 W 73 Pl Hialeah FL 33016	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Dianelys Morales	3641 Nw 20 St Miami FL 33142	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
11 MAY 28 PM 1:40  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Dated May 11, 2011

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
**Sally Almaguer**  
\_\_\_\_\_  
Typed or printed name of signee