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COVER LETTER

Division of Cor	porations		•		
LUDINO I SUBJECT:	LLC				
50b9EC1					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	EDUARDO UGARTE				
Name of Person					
TAX EXPRESS USA, CORP					
Firm/Company					
		Address			
	MIAMI, FL 33186			₹. ~	
	-	City/State and Zip Code			
LALOUGARTE@AOL.COM				AH AH	. 1
		to be used for future annual report notific	eation)	-6	Fractional Section
For further information co	oncerning this matter, please c	all:		E P	
EDUARDO UGARTE		305 898-3061 at ()			O
Name of	f Person	Area Code Daytime 7	Telephone Number	0.00	
Enclosed is a check for th	e following amount:				
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	

MAILING ADDRESS:

TO:

Registration Section

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**

LUDINO LLC		
(Name of the Lin	nited Liability Company as it now appear (A Florida Limited Liability Company)	cs on our records.)
	Liability Company were filed on 02/	/27/2012 and assigned
Plorida document number L12000027498		
This amendment is submitted to amend the fo	llowing:	
(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 02/27/2012 and assigned dorida document number 12000027498 this amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	7 2 2
Principal office address MUST BE A STRE	ET ADDRESS)	. • • • • • • • • • • • • • • • • • • •
Enter new mailing address, if applicable:		in the second se
Mailing address MAY BE A POST OFFICE	 E BOX)	5- 5
		our records, enter the name of the
Name of New Registered Agent:	EDUARDO UGARTE	
New Registered Office Address:	9705 SW 132 CT	
	Enter Flor	ida street address
	MIAMI	, Florida FL 33186
	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	

3

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

Page 1 of 3

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
MGRM	ANDREINA RANGEL	9705 SW 132 CT	■ Add
		MIAMI, FL 33186	□ Remove
			☐ Change
	-		□ Add
			□ Remove
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an effect ote: If	e date, if other than the tive date is listed, the date in this it's effective date on the	iust be specific and block does not r	d cannot be prior neet the applica	to date of filing or able statutory fil	more than 90 days after		
recoi The 9	rd specifies a delay Oth day after the re	ed effective o ecord is filed.	date, but no	t an effective	time, at 12:01	a.m. on the e	arlier (
DI ated	ECEMBER 30, 2016			_	7-		
aicu			·				
				/ 2			-
		Signature of a	member or author	rizea representati	e of a member		

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Filing Fee: \$25.00