L12000090235

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12 OCT 15 AM IO: 32

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COVER LETTER

TO: Registration S Division of Co	ection to the properties of the contractions to the contractions to the contraction of th	e a			
SUBJECT:	TRANS UNIO	ON EXPRESS, LLC			
Soldie 1.		ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	R	OXANA POVEDANO			
		Name of Person			
KAIROS MULTISERVICES, LLC					
Finn/Company					
130 SE 4TH STREET					
	Address				
	HALLANDALE, FL 33009				
City/State and Zip Code					
kairosmultiservices1@gmail.com E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please c	•			
Be	rnardo Rivera	at (786)	234-2802		
Name	of Person	Area Code & Daytime Telephone Number			
Enclosed is a check for t	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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:

Zip Code

12 OCT 15 AM 10: 33 TRANS UNION EXPRESS, LLC (Name of the Limited Liability Company as it now appears on our records.) HASSEE, FLORIDA 07[11[2012 and assigned The Articles of Organization for this Limited Liability Company were filed on L12000090235 Florida document number 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." 6989 NW 82 AVENUE Enter new principal offices address, if applicable: MIAMI, FL 33166 US (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: New Registered Office Address: Enter Florida street address , Florida _

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.

City

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 **Title** Address **Type of Action** Name CRISTHIAN SARAVIA 6985 NW/82 AVENUE ✓ Add MIAMI, FL 33166 Remove ☐ Add Remove ☐ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,) OCTOBER 8TH 2012 Dated _ Signature of a member or authorized representative of a member **ROXANA POVEDANO** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00