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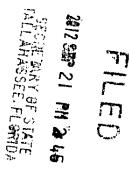
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## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Co	orporations			
SUBJECT:	ORLANDO M	ICO EXPRESS LL	С	
	Name of Limi	ted Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	pondence concerning this matter	to the following:		
	***	Sherzod Rashidov		
		Name of Person		
	ORLAN	NDO MCO EXPRESS	LLC	- 35 22 12 12 12 12 12 12 12 12 12 12 12 12
		Firm/Company		
	6662 MISSION CLUB BLVD APT 208			AHASSEC.
		Address		
	C	ORLANDO/FL 32821		
		City/State and Zip Code		
	orlande E-mail address: (i	omcoexpress@gmail. to be used for future annual repo	com ort notification)	75.6
For further information	concerning this matter, please c	all:		
Sherzod Rashidov Name of Person		at ( 239 )	692-1691	
Name	of rerson	Area Code &	Daytime Telephone Number	er
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is er	nclosed) Certifie	iling Fee, ate of Status & ed Copy anal copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations		Registration	COURIER ADDRESS: Section Corporations	
P.O. Box 6327		Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## ORLANDO MCO EXPRESS LLC (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 08/08/2012 and assigned Florida document number \_\_\_\_ L12000102146 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: $^{\ell}$ (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

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 Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

MGRM = Managing Member Title Name Address **Type of Action MGRM** Sherzod Rashidov 6662 MISSION CLUB BLVD APT 208 ORLANDO FL 32821 Remove ☐ Add Remove ☐ Add ☐ Remove Remove □Add \_\_\_Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Dated 09/19/2012 Signature of a member of authorized representative of a member Sherzod Rashidov Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00