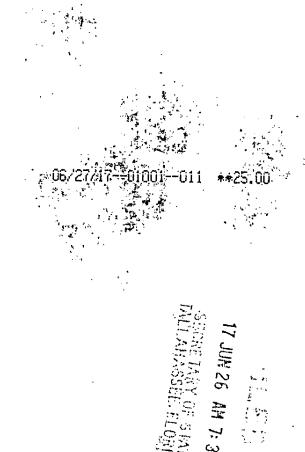
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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Special Instructions to	Filing Officer:	
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Office Use Only



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JUN 2 9 2017

J SHIVERS

COVER LETTER

TO: Registration S Division of Co			
	EXPRESS, LLC		
SUBJECT:	Name of Lin	nited 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:	
	JUAN P CONSTAIN		
		Name of Person	***************************************
	ASENCOEXPRESS, LLC	!	
		Firm/Company	AND
	7056 NW 116TH CT		
		Address	 _
	DORAL, FL 33178		
		City/State and Zip Code	
	JPCONSTAIN@ASENCO	EXPRESS.COM to be used for future annual report notif	ication)
For further information	concerning this matter, please c		,
Juan P Constain	•	305 9034791 at ()	
Name	of Person	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)
Regist	JING ADDRESS: ration Section on of Corporations	STREET/COURING Registration Section Division of Corpora	n

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASENCOEXPRESS, LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	pility Company were filed on 11/07/2012	and assigned
Florida document number L12000141378		
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u>OX)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, <u>enter</u> re address here:	the name of the nev
		51
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	S 2
	, Florida	
	City	Zip Code Z
New Registered Agent's Signature, if changing Res	zistered Agent:	
provisions of all statutes relative to the proper	agent and agree to act in this capacity. I further a and complete performance of my duties, and I am ered agent as provided for in Chapter 605, F.S. Or	familiar with and
	gistered office address, I hereby confirm that the l	
, , ,	- 0	

If Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
MGR	MAURICIO RUEDA	7000 NW 32ND AVE MIAMI, FL	
		33147	■ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
		4	Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
		NoPrince Street, Company	Change
			☐ Remove
			☐ Change
			
			Remove
			☐ Change
·			□ Add
		······	Remove
			Change

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Filing Fee: \$25.00