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. PICK-UP	☐ WAIT	MAIL
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		,
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Certified Copies	Certificates o	of Status
Special Instructions to Fi	ing Officer:	
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COVER LETTER

TO:

Registration Section

Division of Corporations

SUBJECT:

A+ EXPRESS SERVICES LLC

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:

LIBIA WONG

Name of Person

A EXPRESS SERVICES LLC

Firm/Company

16208 SW 20 ST

Address

MIRAMAR, FL 33027

City/State and Zip Code

AEXPRESSSERVICES@GMAIL.COM

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

For further information concerning this matter, please call:

LIBIA WONG

_,786<u>,</u>797-9126

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)

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**

A+ EXPRESS SERVICES 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 Comp	pany were filed on 04/05/2013	and assigned
Florida document number L13000050603		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
A EXPRESS SERVICES LLC		
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Company," the designation "LL	.C" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u>s</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our records, <u>enter the here:</u>	e name of the new
Name of New Registered Agent:		ω =
· · ·		70 TI
New Registered Office Address:	Enter Florida street addre	255
	Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered As	zenf:	□(*) -

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 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

MIGRIM =	wianaging wiember		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Add
			Remove
,			Kelliove
			Add
			Remove
			Add
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		·	
			Add
			. Remove
			Add
			Remove
			Kelliove

D. If amer	iding any other information,	enter change(s) here: (Attach additional sheets, if necessary.)
• `		
_		
_		
Dated AF	PRIL 25	
	libra Litras	
	Signature	of a member or authorized representative of a member
	LIBIA WONG	
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00