

11/27/19 TUE 3080

11/28/2018

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : COLLECTIVE SERVICES
Account Number : I20180000070
Phone : (812)220-5224
Fax Number : (813)766-8934

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: collectiveserv@outlook.com

FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2018 NOV 27 AM 11:18

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
XPRESS QUALITY SERVICES LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

T. CLINE

NOV 28 2018

EXAMINER

2018 NOV 27 PM 9:53

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Corporate Filing Menu

Help

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: XPRESS QUALITY 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:

JOEL REYNA
Name of Person

XPRESS QUALITY SERVICES LLC
Firm/Company

2524 AUBURN AVE W
Address

TAMPA, FL 33614
City/State and Zip Code

XPRESSQUALITYSERV@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOEL REYNA at (813) 843-0200
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
2019 NOV 27 AM 11:18
CLERK OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

((F118000335634 3)))

XPRESS QUALITY 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 Company were filed on 05/02/2013 and assigned Florida document number L13000064602.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2116 NOV 27 AM 11:18
U.S. DEPT. OF STATE
WASHINGTON, D.C.
2116 NOV 27 AM 11:18
U.S. DEPT. OF STATE
WASHINGTON, D.C.

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 _____
City Zip Code

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 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:

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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AMBR	RICHARD MONTOTO	2524 AUBURN AVE W TAMPA FL 33614	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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CLERK OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (((H18000335634 3)))

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 26, 2018

Signature of a member or authorized representative of a member

JOEL J. REYNA
Typed or printed name of signer

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Filing Fee: \$25.00

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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