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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MIG EXPRESS LLC Name of Limited Liability Company
. male of Balance Emerica
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
VL. ADIWIR MOSIA Name of Person
Name of Person
MIG EXPRESS LLC
Firm Company
1001 N FEDERAL HWY 5 Je 301
HALLANDALE, FL 33009 City/State and Zip Code
Mc 839591@ Gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DIMITR' LITVINOV at (954), 802 9689
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25,00 Filing Fee S30,00 Filing Fee & S55,00 Filing Fee & S60,00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 13 0000945-48</u>	were filed on <u>07/02/2</u>	0/3 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	1001 N FEDERA 5AC 301 HALLANDALE, FL	7C. HWY
	HALLANDALE, FL	33003
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		19 MAR +8 PH
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ر، سنم
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	la
New Registered Agent's Signature, if changing Registered Agent:	Ciŋ	Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as plaing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and l provided for in Chapter 605, F.S	am familiar with and . Or, if this document is

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>	<u>Name</u>	Address	Type of Action
MGR	DIMITRI LITVINOV	1800 S. OCRAN DR site	3707 0 Add
		1800 S. OCEAN DR ste HallanDale fl 33009	Remove
			☐ Change
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			□ Remove
			Change
			□ Remove
			□ Change

Note:	tive date, if other than the date of filing: 03, 05, 20, 9 (optional) ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
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ne re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
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Page 3 of 3

Filing Fee: \$25.00