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EXAMINE ,

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Americans Go Express, JC Name of Limited Liability Company	70
	7013 OCT
The enclosed Articles of Amendment and fee(s) are submitted for filing.	,
Please return all correspondence concerning this matter to the following:	
Domani Hursuli Name of Person	M 10: 37
Americans Go Express, LIC Firm/Company	
19200 East Gaint Andrews Dr	
Hiami Jakes 7L 33015 City/State and Zip Code	
OMETICANS ADEX DIESSE (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Judmila Villalobos at (786) 320 - 2768 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$25.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy (additional copy)	atus &

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

Americans SO Expre	265,410	our records)
HMP11CA16 SO EXDICATION (Name of the Limited Liability Con (A Florida Limit	ted Liability Company)	our records.
The Articles of Organization for this Limited Liability Comp Florida document number <u> 13000122950</u> .		
This amendment is submitted to amend the following:		3.
A. If amending name, <u>enter the new name of the limited</u>	liability company here:	사 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등
The new name must be distinguishable and end with the words "l"L.L.C."	Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	192 00 Ea	st Gaint Andrews Dr Lives , FL 33015
(Principal office address MUST BE A STREET ADDRESS	s) Miami Ja	4es, FL 33015
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	19200 Gae Hiàmí Jak	of Gaint Andrews Dr 185 FL
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter I	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 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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

MGRM = N	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
	·		Remove
	<u> </u>		Add
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			Add
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ed	October, 09 , 2013 .

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Filing Fee: \$25.00

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