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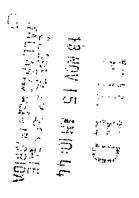
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1. Shivers NOV 1 8 2013

COVER LETTER

	COVER LETTER			
. TO: Registration Se Division of Cor		∢,		
SUBJECT: CG	Express LLC			
	Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are submitted for filing.			
Please return all correspo	ndence concerning this matter to the following:			
	Charlotte Gardiner			
	Name of Person			
	C G Express LLC			
	Firm/Company			
-	PO Box 93			
	Address			
	Minneola,Fl 34755			
	City State and Zip Code CgexpressIIc@yahoo.com			
	E-mail address: (to be used for future annual report notification)			
For further information c	oncerning this matter, please call:	1	_4	
Charlotte G	eardiner813_215-4083		a sign	7
Name o	f Person Area Code & Daytime Telephone Numbe	r	on on	
Enclosed is a check for the	ne following amount:	5 mg 5 5 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11	; d

□\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$25.00 Filing Fee

■\$30.00 Filing Fee &

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

□\$60.00 Filing Fee

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C G Express LLC				
(<u>Name of the Limited Liabilio</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)			
The Articles of Organization for this Limited Liability		a	ınd assig	gned
			_	,
Florida document number L13000152731	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the designation "	LLC" (or the ab	breviation
Enter new principal offices address, if applicable:				
	ADECC)	وريش ال		
(Principal office address MUST BE A STREET ADD	<u></u>		· 120	
		1	<u> </u>	<u> </u>
		ه سرين م		
Enter new mailing address, if applicable:		44.	्र जा	
• • • • • • • • • • • • • • • • • • • •		23.	(Bare	*1- of
(Mailing address MAY BE A POST OFFICE BOX)			· 3	·
		يوء (سوا) د الروا		
		<u> </u>	E-	
B. If amending the registered agent and/or regi	istered office address on our records, enter	the n	ame of	the nev
registered agent and/or the new registered office ad	dress here:			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street ad	dress		
Manager -	, Florida	7.	p Code	
	City	ZI)	p coae	

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 = Managing Member **Type of Action Title Name Address Charlotte Gardiner** PO Box 93 Owner Minneola,FI 34755 PO Box 93 **Charlotte Gardiner** P Minneola,FI 34755 **Charlotte Gardiner** PO Box 93 Minneola,FI 34755 Remove Remove Remove Remove

O. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
	
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	<u> </u>
-	
ated	,
	Charlotte Scerelina
	Signature of a member or authorized representative of a member
	Charlotte Gardiner
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

THE CASE OF STANKES