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SEP 2 6 2014 J. BRUCE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Express Permit Salutions 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:
Christopha Leal Name of Person Express Permit Solutions Firm/Company 13246 SW 45 Ln. Address Miami, FL 33176 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rosane Lea at 1860 395-215-4448 Name of Person at Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$ \$\square \text{\$\$\$S55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$\$\$\$\$\$\$Certified Copy (additional copy is enclosed)\$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

Express F	Permit Solutions	
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L1300016765</u>	npany were filed on $\frac{12/03}{2}$	913 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and end with the words "Limite	ed Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>(22)</u>	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register		er the name of the new
Name of New Registered Agent:		S S
New Registered Office Address:		<u> </u>
	Enter Florida street address	
	, Florida,	S Zip Cook

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

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

MGR = Manager

AMBR = Authorized Member ... **Type of Action** Title Melissa Toledo 5268 SW 163 Ct.

Miami, FL. 33185 Remove ROSanne Leal 13246 SW 45 Ln. AAdd Miam. FL 33175 □ Add ☐ Remove □ Add ☐ Remove □ Add ☐ Remove

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effective date must be specific, cannot be prior to date of receipt or filed d	(optional) ste and cannot be more than 90 days after
ective date, if other than the date of filing: effective date must be specific, cannot be prior to date of receipt or filed d date this document is filed by the Florida Department of State)	(optional) ate and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

