

L14000021628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

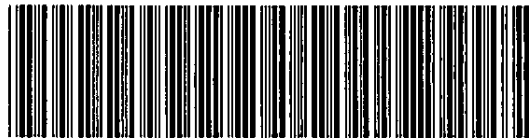
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200277133022

09/18/15--01001--008 **30.00

15 SEP 18 AM 9:07
RECEIVED
TALLAHASSEE, FLORIDA

RECEIVED
2015 SEP 18 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
SEP 18 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Express Labs of Orlando, 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:

Renita Smith

Name of Person

Firm/Company

927 S. Goldwyn Ave Ste 212
Address

Orlando, FL 32805

City/State and Zip Code

renitagsmith@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samuels Above

Name of Person

at (407) 300-7684

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee ☒ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

EXPRESS Labs of Orlando, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

15 SEP 18 AM 9:03

The Articles of Organization for this Limited Liability Company were filed on 2/3/14 and assigned
Florida document number L14000021628.

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 contain 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)

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

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

Title	Name	Address	Type of Action
MGR	Renita Smith	927 S Goldwyn Ave Orlando 32815	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AS	Ashton D. Rainey	927 S. Goldwyn Ave. Orlando 32815	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AS	Blake M. Murphy	927 S. Goldwyn Ave Orlando 32815	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
OWNER	Express Labs of Kissimmee, LLC	809 E. OAK ST. #104	<input checked="" type="checkbox"/> Add
	KISSIMMEE	FL 34744	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

15 SEP 18 AM 9:05
☐ Add
☐ Remove
☐ Change

4410000
 11/10/18

2000

15 SEP 18 AM 9:05

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated

9/18, 2015

Verula Smith

Signature of a member or authorized representative of a member

Renita Smith

Typed or printed name of signee