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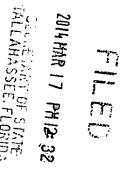
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	·
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Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT: TH	E FORD EXP	ERTS, LLC			
SUBJECT:		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:	•	2014 MAR 17 PM 12 32	يميو. أ
	Edwin F	Vasquez		第二	7
		Name of Person		THE B	1
		Firm/Company		STATE LORIE	
	7132 SV	V 152 ct		35	
		Address	<u> </u>		
	Miami, F	L 33193			
		City/State and Zip Code	·		
	• •	ts@gmail.com			
	E-mail address: (to be used for future annual re	port notification)		
For further information co	oncerning this matter, please c	all:			
Edwin F \	/asquez	_{at} 786, 49	9-2795		
Name of	f Person	Area Code	Daytime Telephone Number		
Enclosed is a check for the	ne following amount:				
\$25.00 Filing Fee	11\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	[1 \$60.00 Filin Certificate	ng Fee, 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:

Certified Copy (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

THE FO	RD EXPERIS, LLC	
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
(A	A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number <u>L14000029325</u> This amendment is submitted to amend the follow	·	and assigned
A. If amending name, enter the new name of t	ha limitad liability company haras	
A. If amending name, enter the new name of t	ne mineta naminy company nere.	FLO FLO
		<u> </u>
The new name must be distinguishable and end with the wo	ords "Limited Liability Company," the designation "LLC" or	the abbreviation "E.L.C."
Enter new principal offices address, if applicat	ole:	
• •		
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	0V)	
Mulling duaress MAI DE A FOST OFFICE DO	<u> </u>	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered office	r registered office address on our records, <u>en</u> <u>ce address here</u> :	ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
Tion registered Office Address.	Enter Florida street address	
	. Florida	1
	, 101144	·

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> Address **Type of Action** ☐ Add ASSEE, FLORIDA □ Add _□ Remove □ Add __ Remove □ Add ☐ Remove _□ Add ____ □ Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary Article II. The street address of the principal office of the Limited Liability Companion			
	6996 NW 82 AVE, Miami FL 33166.			
E.	Effective date, if other than the date of filing:	- SALL AH	2014 KAR 17	-
	Dated 03/12/2014	ASSEE, FL	3	
	Signature of a member or authorized representative of a member EDWIN F VASQUEZ	PRIOS	_ इ.स. १९	

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00