L14000043706

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE <u>09/09/2021</u>			⇔WALK IN⇒
ENTITY NAME_EXPRE	SS SOLUTIONS LLC		
DOCUMENT NUMBER_			
	PLEASE FILE THE A	TTACHED AND RETURN	
<u>xxxxx</u>	Plain Copy Certified Copy Certificate of Status		
***	LEASE OBTAIN THE FOLL	OWING FOR THE ABOVE ENTITY**	
	Certified Copy of Arts & Certificate of Good Staxding		
	APOSTILLE' / NOT	TARIAL CERTIFICATION	
COUNTRY OF DESTINATI NUMBER OF CERTIFICAT			
TOTAL OWED \$25.00		ACCOUNT #: 12016000007	72
Please call Tina at th	e above number for any	issues or concerns. Thank you s	so much!

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Tallahassee, FL 32314

TO: Registration S Division of Co					
	S SOLUTIONS LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	VISHAL SHAH				
		Name of Person			
	2137942 ONTARIO INC.				
		Firm-Company			
	5225 ORBITOR DRIVE U	5225 ORBITOR DRIVE UNIT 11			
		Address MISSISSAUGA, ONTARIO			
	MISSISSAUGA, ONTAR				
	ABETALA@CABETALA				
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report noti all:	tication)		
ARVIND BETALA		647 5692488			
Name	of Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for	the following amount:				
S25.00 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 Addre Registration	 :	<u>Street Address:</u> Registration Se	ction		
Division of	Corporations	Division of Cor	rporations		
P.O. Box 63	27	The Centre of T	Fallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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TARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXPRESS SOLUTIONS LLC	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{\text{L}14000043706}{\text{L}14000043706}$	were filed on MARCH 17, 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	VISHAL SHAII
(Principal office address MUST BE A STREET ADDRESS)	3633 UNIVERSAL PLZ
	NEW PORT RICHEY, FLORIDA, 34652
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office 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.

DocuSign Envelope ID: EABOCF0F-83ED-4CE2-A2B0-2A2DFFFBA5B5 trainenting Authorized rerson(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

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	VISHAL SHAH	3633 UNIVERSAL PLZ. NEW PORT	≣Add
		RICHEY, FL, 34652	
			🗀 🗀 Add
			□Remove
			[]Remove
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	J. 6611 J.	JNE 30, 2021	Winn or more than Ott	(optional)	nt to 605,0207
ffective date, if other than the an effective date is listed, the date in this locument's effective date on the	e date of fiting: ast be specific and cann block does not meet:	or be prior to date of the applicable statu	nting of more than 30 story filing requirem	ents, this date will no	t be listed as
an effective date is listed, the date m lote: If the date inserted in this	e date of filing:	not be prior to date of the applicable statu 's records.	itory filing requirem	ents, this date will no	t be listed as
an effective date is listed, the date miote: If the date inserted in this locument's effective date on the record specifies a delayed effect listiled.	e trate of fitting: ast be specific and cannolock does not meet: Department of State' ive date, but not an e	not be prior to date of the applicable statu 's records.	itory filing requirem	ents, this date will no	t be listed as
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an effective date is listed, the date miote: If the date inserted in this locument's effective date on the record specifies a delayed effect listiled.	e date of filing:	not be prior to date of the applicable statues records. affective time, at 12	itory filing requirem	ents, this date will no ier of: (b) The 90th o	t be listed as

Filing Fee: \$25.00