L1400053516

(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



600258280416

04/16/14--01022--018 **25.00

2014 RPR 16 AM 10: 02
SECRETARY OF STATE
TALL AHASSET, FLORIDA

APR 2 1 2014 T CLINE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: EX Press Capital Advance CCC 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:
JOHN TOOKE Name of Person
EXPress CApital LLC
Firm/Company
1990 Main Street -STE 750
Sprasota Florida 34236
<u> </u>
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: TOHW Tooke at (941, 185-043)
<u> </u>
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status \$25.00 Filing Fee & Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & 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

EX press Choited Limited Lin (A Flo	ability Company as it now appears on orida Limited Liability Company)	Dur records.)
The Articles of Organization for this Limited Liability Florida document number LI40005	ty Company were filed on April	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the EXO YESS CAPITAL L The new name must be distinguishable and end with the words		nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	20
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX		51/4 E E E E E E E E E E E E E E E E E E E
B. If amending the registered agent and/or registered agent and/or the new registered office a		records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	rcet 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 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

<u>Name</u>	Address	Type of Action
		Add
		□ Remove
	190.31	
 		Add
		Remove
		, <u>, , , , , , , , , , , , , , , , , , </u>
		Add All Remove AASSE FLOOR AACP
		22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	4-00	F.S. D. A. 0.2
		□ Remove
 		Add
		Remove
		5

MIS 30 ABVL36 JAS	2014 松R 16 AM む	calkante
<u> </u>		

) r	
e effective date must be specific, cannot be prior to date of receipt or filed date and of	(optional) cannot be more than 90 days after
the effective date must be specific, cannot be prior to date of receipt or filed date and detective date this document is filed by the Florida Department of State)	(optional) cannot be more than 90 days after
the effective date must be specific, cannot be prior to date of receipt or filed date and detective date this document is filed by the Florida Department of State)	(optional) cannot be more than 90 days after
ne effective date must be specific, cannot be prior to date of receipt or filed date and one date this document is filed by the Florida Department of State)	(optional) cannot be more than 90 days after
In the effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and othe date this document is filed by the Florida Department of State) Dated	cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00