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COVER LETTER:

	istration Sec ision of Corp			
SUBJECT:	`DAVILA EX	KPRESS, LLC		
SOBOECT.		Name of Limit	ted Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspon	dence concerning this matter t	to the following:	
		Victor M. Davila		
			Name of Person	
			Firm/Company	
		10851 SW 173rd Street		
		-	Address	
		Miami, Fl 33157		
			City/State and Zip Code 33134 @ U3400 . COC o be used for future annual report notific	Y · ation)
For further in	nformation co	ncerning this matter, please ca	di:	
Victor M. Da		P		- <u>2832</u> Telephone Number
	Name of	reison	Area Code Daytime	reteptione (fulfiber
Enclosed is a	check for the	e following amount:		
\$25.00 F	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

DAVILA EXPRESS, LLC

(Name of the Limited Li (A Fl	ability Company as it now appe orida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liabili Florida document number L14000062058	ty Company were filed on	April 16, 2014	and assigned
This amendment is submitted to amend the following	g:		
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	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AI	DDRESS)		

Enter new mailing address, if applicable:	<u>—</u>		
Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
B. If amending the registered agent and/or reregistered agent and/or the new registered office a		on our records, <u>en</u>	ter the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Fl	orida street address	
_		, Florida	Zip Code
Now Designationed Accounts Simulations if about in Designation	City		Zip Code
New Registered Agent's Signature, if changing Regist			
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chan	d complete performance of d agent as provided for in tered office address, I here	of my duties, and Fa Chapter 6057 F.S. Leby confirm that the	m familiar with and Or, if this document is limited liability
		> ' '	_

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Anne M. Cedeno	10851 SW 173rd Street	■ Add
		Miami, FL 33157	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			Change
			Add
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fective date, if other than the d	ote of filing. At	agust 7, 2015			optional	1	
an effective date is listed, the date must b	e specific and canno	ot be prior to date	of filing or mo	re than 90 day	after filin	g.) Pursua	ant to 605.020
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record specifies a delayed of The 90th day after the recor		but not an	effective tir	me, at 12:	01 a.m	on th	e earlier o
The John day diter the recor	g is meg.						
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