Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: A & L CARRIER SERVICES INC. Account Name

Account Number : 120110000033

Phone

: (786) 360-2879

Fax Number

Email Address: QCSINCOOD(COM

: (786) 362-5270

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN L PARK EXPRESS LLC

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COVER LETTER

TO:

Registration Section Division of Corporations

SIJB TE CT

_ PARK EXPRESS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filling.

Please return all correspondence concerning this matter to the following:

LUIS R PALMA

Name of Person

L PARK EXPRESS LLC

Firm/Company

11448 NW 88 AVE

Address

HIALEAH GARDENS FL 33018

City/State and Zip Code

ALCISNC@AOL.COM

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

For further information concerning this matter, please call:

A & L CARRIER SERVICES INC

₁/86,39

360-2879

Name of Person

Area Code

Daytime 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)

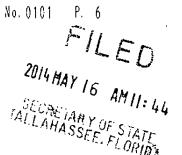
□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING 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



L PARK EXPRESS LLC

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

The Articles of Organization for this Limited Liability Company	were filed on 05/14/20	14 and assigned
Florida document number L14000078187	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabs	dity company here:	
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation	n "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 of registered agent and/or the new registered office address her		cords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		Florida
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Cone
,		Yout was a second at the
I hereby accept the appointment as registered agent and agr		

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

MGR = Manager

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:

AMBR = Authorized Member Title Name <u>Address</u> Type of Action 11448 NW 88 AVE MGR JUNIOR J TEJEDAMELO HIALEAH GARDENS FL 33018 Remove _D Add □ Remove □ Add □ Add ☐ Remove _ 🗆 Remove _□ Add _□ Remove

<u> </u>		
Effective date, if other than the date of filling: (The effective date must be specific, cannot be prior to date the date this document is flied by the Florida Department	or tecerbt or men dore and cannot be more man an o	ptional) ays after
Dated MAY 16	2014	
		
Slanding	ember of authorized representative of a member	

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Filing Fee: \$25.00