

L14000172488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

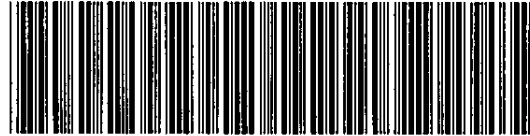
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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~~2015~~ APR 21 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Richard Xpres LLC
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:

Denia Cartaya Infante
Name of Person

Richard Xpres LLC
Firm/Company

389 Beechwood Ln.
Address

Altamonte Springs, FL 32714
City/State and Zip Code

Richard.XpresLLC@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denia Cartaya Infante at (786) 510-3886
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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

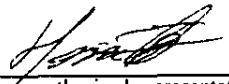
STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MARCH, 30, 2015.



Signature of a member, or authorized representative of a member

Denia Cartaya Infante

Typed or printed name of signee

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Filing Fee: \$25.00

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