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COVER LETTER

Division of Co	orporations		
RICHAR SUBJECT:	D XPRES, LLC.		
	Name of Lim	nited Liability Company	<u></u>
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:	
	VICTOR G OLANO		
RICHARD XPRES LLC			
	389 BEECHWOOD LN		
		Address	,
	ALTAMONTE SPRINGS	,	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	eation)
For further information	concerning this matter, please ca	all:	
VICTOR G OLANO	•	786 510-3886 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	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:

TO:

Registration Section

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassec, 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

RICHARD XPRES, LLC			
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears of ed Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L14000172488</u> .	any were filed on 11/05	/2014	and assigned
riorida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company here	:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the desi	gnation "LLC" or the abbr	eviation "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	office address on a	ur records enter th	so name of the nav
registered agent and/or the new registered office address h		ur records, <u>enter ta</u>	e name or the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
		, Florida Zip Code	
	•		Zip Code
New Registered Agent's Signature, if changing Registered Agen	n <u>t:</u>		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi	ete performance of my as provided for in Cha	duties, and I am fan pter 605, F.S. Or, 🎉	niliar with and this document is
company has been notified in writing of this change.		HA E	
		SSE TARK	- L
H-G	hanging Registered Agent	mo -	
II CI	nanging Kegistèred Agent		ired Agents
Pag	e 1 of 3	2017	ာ

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>	Address	Type of Action
AMBR	CARTAYA INFANTE, DENIA	389 BEECHWOOD LN ALTAMO	DAdd
			■ Remove
			□ Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change
			Remove
			Change
			
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			Remove ORAL ST DEChange

f amending any other informa	tion, enter change(s) here:	(Attach additional sheets, i	if necessary.)	
 				
				
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Frective date, if other than the of an effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the De	be specific and cannot be prior to dock does not meet the applicable partment of State's records.	ate of filing or more than 90 days statutory filing requirement	s, this date will n	ot be listed a
record specifies a delayed The 90th day after the reco	effective date, but not and is filed.	n effective time, at 12:	01 a.m. on th	e earlier
JANUARY 13TH	2016		pic. ***	
	1		2016 F	Comments of the Comments of th
-	Signature of a member or authorize	d representative of a member	72 B	- Lucian
VICTOR G OLANO	VICTOR GAR Typed or printed na	CIA OLANO	RY OF TO	m
	Typed of printed ha	the of signee	STA.	O

Filing Fee: \$25.00