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DEPARTHENT OF STAIC DIVISION OF CORPORATION TALLAHASSEE, FLORIDA

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S. YOUNG

## DocuSign Envelope ID: 2CC1A4BF-D498-405B-A3E1-C9998EB4BF62 COVER LETTER

TO:	Registration Sec Division of Corp			
CHDIE	DBL EXPR	ESS LLC		
SUBJE	C1:	Name of Lim	ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspor	ndence concerning this matter	to the following:	
		OSCAR DOMINGUEZ		
			Name of Person	<u>.</u>
		<del> </del>	Firm/Company	
		8241 NW 66th ST		
			Address	
		MIAMI, FL 33166		
		operaciones@dbl-express.co	City/State and Zip Code	
		- · · · · · · · · · · · · · · · · · · ·	to be used for future annual report noti	fication)
For furt	her information co	oncerning this matter, please co	all:	
OSCAR	R DOMINGUEZ		305 322-7711 at ()	
	Name of	Person		e Telephone Number
Enclose	d is a check for th	e following amount:		
<b>4</b> \$25	5.00 Filing Fee	S30.00 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 enclared)
	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

## DocuSign Envelope ID: 2CC1A48F-D498-405B-A3E1-C9998EB48F62 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** 

DBL EXPRESS LLC		2
(Name of the Limite	d Liability Company as it now appea A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited Lie	ability Company were filed on $\frac{0}{2}$	12/03/2015 Famina ssignad
florida document number L15000020298	<del></del> -	
This amendment is submitted to amend the follo	owing:	T. 16
A. If amending name, enter the new name of	the limited liability company	here:
DEBLEX LLC		
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE		
	<del>,</del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and/or i	registered office address on our	r records, enter the name of the new registered
agent and/or the new registered office addre		
Name of New Registered Agent:	Carlos Genta	le2
New Registered Office Address:	610 ATLANTIC SHORES SH	ORES BLVD
New Registered Office Address.	Enter I	Florida street address
	HALLANDALE	Florida 33009
	Ciry	Zip Code
Now Degistered Agent's Signature if changing	Registered Agent:	

Thereby 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

DocuSign Envelope ID: 2CC1A4BF-D498-405B-A3E1-C9998EB4BF62 in amending Authorized rerson(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
N/A			□Add
			□Remove
			□ Change
N/A			
			□Remove
			□Change
N/A			□Add
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	e date, if other than	the date of filin	JANUARY 6	5, 2020	(option	al\
Effective	tive date is listed, the date	e must be specific an	d cannot be prior to	o date of filing or mor	e than 90 days after til	ing.) Pursuant to 605.0207
(If an effect	the date inserted in th			ble statutory filing	requirements, this d	ate will not be listed as:
If an effect Note: If		he Department of :	State S records.			
(If an effect Note: If	it's effective date on th	he Department of	State Steedids.			
If an effect Note: If document	it's effective date on il specifies a delayed eff	·		ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
(If an effect Note: If document of the record sold is filed	it's effective date on the specifies a delayed eff it.	ective date, but no	ot an effective tim	не, at 12:01 a.m. on 	the earlier of: (b)	The 90th day after the
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(If an effect Note: If document of the record sold is filed	it's effective date on the specifies a delayed eff it.	ective date, but no	ot an effective tim	ne, at 12:01 a.m. on		The 90th day after the