

# L15000033496

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

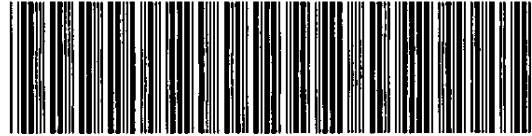
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2015 AUG -5 PM 12:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan AUG -6 2015



July 31, 2015

VIA PRIORITY MAIL

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Amendment of Articles of Organization of MM EXPREZE, LLC  
L15000053496**

Dear State Official,

Please be aware that this law firm represents MM Expreze, LLC and its representatives. Enclosed please find a properly completed "Articles of Amendment to Articles of Organization of MM EXPREZE, LLC" form with a cover letter and a firm's check of \$30 for the required filing fees.

At this time, MM Expreze, LLC is making the following amendments to its Articles of Organization:

- 1) New Principal Offices Address:
  - a. 7310 N. Florida Ave., Tampa, FL 33604
- 2) New Mailing Address:
  - a. 15210 Amberly Dr. Apt 1023, Tampa, FL 33647
- 3) Change in Title:
  - a. Mr. Muhammad MAHBOOB is being removed from the Articles of Organization.
  - b. Mohammad Mahboob Said Contracting Establishment is being removed from the Articles of Organization.

I respectfully request that you accept and process the foregoing amendment request. If you have any concerns or questions about the contents of this letter, please do not hesitate to contact me directly at 813.877.7779, or to [j.picado@riverapicadolaw.com](mailto:j.picado@riverapicadolaw.com).

Thank you for your assistance in this matter,

RIVERA | PICADO, P.A.

Juan I. Picado  
Attorney at Law

Jorge E. Rivera, Esq.  
[j.rivera@riverapicadolaw.com](mailto:j.rivera@riverapicadolaw.com)  
Licensed in Puerto Rico

Juan I. Picado, Esq.  
[j.picado@riverapicadolaw.com](mailto:j.picado@riverapicadolaw.com)  
Licensed in Florida

813.877.7779

4410 W Hillsborough Ave, Suite E.  
Tampa FL 33614

Encl: Cover Letter, Articles of Amendment, Firm's Check for \$30.00

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

MM EXPREZE, LLC

**SUBJECT:** \_\_\_\_\_  
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:

Juan I Picado

\_\_\_\_\_  
Name of Person

Rivera | Picado, PA

\_\_\_\_\_  
Firm/Company

4410 W. Hillsborough Ave, Suite E

\_\_\_\_\_  
Address

Tampa, FL 33614

\_\_\_\_\_  
City/State and Zip Code

murtazaahd24@gmail.com

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

For further information concerning this matter, please call:

Juan I. Picado

813 877-7779

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FILED  
2015 AUG -5 PM 12:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MM EXPREZE, 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 03/25/2015 and assigned  
Florida document number L15000053496

This amendment is submitted to amend the following:

**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 abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

7310 N. Florida Ave

Tampa, FL 33604 US

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

15210 Amberly Dr. Apt 1023

Tampa, FL 33647 US

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby 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

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>	<u>Type of Action</u>
AMBR	MAHBOOB, Muhammad		<input type="checkbox"/> Add
		REMOVING FROM ARTICLES	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MOHAMMAD MAHBOOB SAID <i>contracting</i>		<input type="checkbox"/> Add
		REMOVING FROM ARTICLES	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

EXPLANATION OF CHANGES

1) Mr. Muhammad MAHBOOB is being removed from the Articles of Organization.

2) MOHAMMAD MAHBOOB SAID CONTRACTING ESTABLISHMENT is being removed from the Articles of Organization.

3) Principal Address is being changed. Mailing address is being changed.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

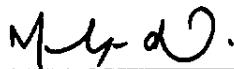
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated July 29, 2015



Signature of a member or authorized representative of a member

Murtaza Ahmed -- Authorized Member

Typed or printed name of signee