115000128653

(Requestor's Name)	-
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	AIL.
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





300382663073

03/09/22--01009--002 **25.00

3-28 225 TA 216

COVER LETTER

TO:

istration Se ision of Cor			
EXPRESS	PERSONAL SOLUTIONS LL	C	
	Name of Lim	ited Liability Company	
l Articles of .	Amendment and fee(s) are sub	mitted for filing.	
all correspo	ndence concerning this matter	to the following:	
	Rodolfo Leal		
		Name of Person	-
	RODOLFO LEAL LLC		
		Firn/Company	
	5753 Highway 85 North #	5984	
	···	Address	<u>. — </u>
	Crestview, FL 32536		
		City/State and Zip Code	
	_		
	E-mail address: (to be used for future annual report no	otification)
nformation co	oncerning this matter, please ca	all:	
ıl		786 326-8957	
Name o	f Person	Area Code Dayt	ime Telephone Number
check for th	ne following amount:		
iling 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 enclosed)
		Street Address: Registration S	Section
vision of C	orporations	Division of C	orporations
	Articles of all corresponding Address gistration of Co. Box 632	EXPRESS PERSONAL SOLUTIONS LL Name of Lim Articles of Amendment and fee(s) are sub all correspondence concerning this matter Rodolfo Leal RODOLFO LEAL LLC 5753 Highway 85 North # Crestview, FL 32536 LEALLLANES@GMAIL.0 E-mail address: (Information concerning this matter, please conformation concerning this matter, please conformation concerning this matter. Please conformation concerning this matter. Please conformation concerning this matter.	EXPRESS PERSONAL SOLUTIONS LLC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for tiling. all correspondence concerning this matter to the following: Rodolfo Leal Name of Person RODOLFO LEAL LLC Firm/Company 5753 Highway 85 North #5984 Address Crestview, FL 32536 City/State and Zip Code LEALLLANES@GMAIL.COM E-mail address: (to be used for future annual report to a strength of the code of

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXPRESS PERSONAL SOLUTIONS 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 __07/28/2015 and assigned Florida document number __L15000128653 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: RODOLFO LEAL LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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

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.

Cire

_. Florida _

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□ Add
			□Remove
			□ Change
			Remove
			Cliange
			Remove Cliange Add
			Themotyc
			□Change
			Remove
			Change
			Remove
			□Change
			□Remove
			□Change

						•	
							
					_		
<u></u>							
							<u>+</u> €22
		<u>-</u>				-	Taran Taran Taran
		<u>.</u>				<u> </u>	
-							,
				·-			_;; <u> </u>
							¢z
Effective date, if oth If an effective date is liste Note: If the date inse document's effective	ed, the date must be spec erted in this block doe	rific and cannot be s not meet the ap	plicable statuto	ng or more than 90 da	(optional) ys after filing.) nts. this date w	Pursuant to rill not be	605.0207 (listed as t
	elayed effective date. I	but not an effecti	ve time, at 12:0	I a.m. on the earlie	r of: (b) The	90th day	after the
Dated March 01, 202	<u>2</u>		· ·				