L15000 135573

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

Office Use Only



500275211245

08/20/15--01030--011 **25.00

30,00

15 AUG 20 PH 3: 45

NO 21 MERIS

COVER LETTER

TO: Registra Division	tion Section of Corporations	
SUBJECT:	NOS EXPRESS LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Art	cles of Amendment and fee(s) are submitted for filing.	
Please return all	orrespondence concerning this matter to the following:	
	JAIME NUNEZ	
	Name of Person	
	Firm/Company	
	2235 CROSSTON CIR	
	Address	
	ORLANDO FLORIDA 32824	
	City/State and Zip Code NUNEJ048@YAHOO.COM	
	E-mail address: (to be used for future annual report notification)	
For further inform	nation concerning this matter, please call:	
JAIME NUNEZ	386 8016118	
	Name of Person at () Area Code Daytime Telephone Number	
Enclosed is a che	ck for the following amount:	
□ \$25.00 Filing	Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Certificate of Status Certified Copy Certificate of Certified Copy (additional copy is enclosed) Certified Co (additional copy is enclosed)	of Status &

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

MONOS EXPRESS LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L15000135573	mpany were filed on AUGUST 7, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
he new name must be distinguishable and contain the words "Limite	ed Liability Company." the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRI	ESS)	
		20 =
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		5 >
3. If amending the registered agent and/or registered agent and/or the new registered office address.		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flor	ida
	City , T lot	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>	Address	Type of Action
MGR	JAIME NUNEZ	2235 CROSSTON CIR	■ Add
		ORLANDO FL 32824	□ Remove
			Change
MGR WILBERT MEJIA	WILBERT MEJIA	6859 BOUGANVILLEA CRESCE ■	Add
		ORLANDO FL 32809	□ Remove
			☐ Change
			☐ Remove
			Change
			Add
			□ Remove
			Change
			Add 20 Remove
			O TO Change
			🗖 Add
			□ Remove
			□ Change

•	ition, enter change(s) here: (Attach additional sheets, if i	• /
	Approximation of the second of	
		
Note: If the date inserted in this bl document's effective date on the D	st be specific and cannot be prior to date of filing or more than 90 days lock does not meet the applicable statutory filing requirements, epartment of State's records.	, this date will not be listed as th
) The 90th day after the rec	d effective date, but not an effective time, at 12:0 cord is filed.)1 a.m. on the earlier of:
Dated AUGUST 19TH	2015	
1000		5 AUG
(\ _	Signature of a member or authorized representative of a member	
JAIME NUNEZ	Signature of a member or authorized representative of a member	20 PM

Page 3 of 3

Filing Fee: \$25.00