L15000144029

Office Use Only



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Amend CC

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COVER LETTER

ro:	Registration Division of C		
erin ir	EXPRE	SS CONSTRUCTION LLC	
SUBJE	CCT:	Name of Limited Liability Company	
The end	closed Articles	of Amendment and fee(s) are submitted for filing.	
Please 1	return all corres	pondence concerning this matter to the following:	
		KAREN M. BROWN, ESQUIRE	
		Name of Person	
		SWANN HADLEY STUMP DIETRICH & SPEARS, P.A.	
		Firm/Company	
		200 EAST NEW ENGLAND AVENUE, SUITE 300	
		Address	
		WINTER PARK, FLORIDA 32789	
		City/State and Zip Code	
		kbrown@swannhadley.com	
		E-mail address: (to be used for future annual report notification)	
For fur	ther information	concerning this matter, please call:	
	Kure	n M. Brown at (407 Area Code Daytime Telephone Number	
	Name	e of Person Area Code Daytime Telephone Number	
Enclose	ed is a check for	the following amount:	
□ \$ 25	5.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

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**

EXPRESS CONSTRUCTION LLC

AKI	ICLES OF ORGANIZATION	
	OF	.ب
EXPRESS CONSTRUCTION	N LLC	
(Name of the Lim	ited Liability Company as it now appears on our rec (A Florida Limited Liability Company)	ords.)
	(A Piorida Ellined Clabiffy Company)	
The Articles of Organization for this Limited I	Liability Company were filed on August 21,	2015 and assigned
Florida document number L15000144029	, ,	
Tiorida document harnoer		•
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company here:	
, <u></u>	,,,,,,,,,,,,,,	
The new name must be distinguishable and end with the	a words "Limited Lighility Company" the decionation	"I C" or the obbraviation "I I C"
The new name must be distinguishable and end with me	, words Emitted Elability Company, the designation	LLC of the aboreviation E.E.C.
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
	-	
Enter new mailing address, if applicable:		
• •		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and registered agent and/or the new registered of		rds, enter the name of the new
registered agent anaror the new registered to	mice address nere.	
N CN B I A	Tara seh Pera	o:
Name of New Registered Agent:	Tarachen Reza	Ч
New Registered Office Address:	Taraneh Reza	- Ste 110
	Enter Florida street ade	dress
	Ocore.	Florida 3476
	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete performance of my duties, istered agent as provided for in Chapter 60 registered office address 1 hereby confirm	, and I am familiar with and 05, F.S. Or, if this document is
	Is handing Registered Agent, Signatu	ire of New Registered Agent

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Taraneh Rezaei	220 Lake Drive	■ Add
		Orlando, Florida 32835	Remove
			Add
			☐ Remove
			Add
			□ Remove
		 	
		<u></u>	Remove
			Add
			☐ Remove
			·

		ation, enter change(s) here: (Attach addi	, , , , , , , , , , , , , , , , , , ,
Effective of	date, if other than th	e date of filing:	(optional)
		te date of filing:	ot be more than 90 days after
	June 2	2000	
Dated	Jone 5	3020	_
	A /		
		Signature of a member or authorized representati	ivo of a mambar
	Al' D. L. LL I	Signature of a memoer of authorized representati	ive of a member
	Ali Rahmankhah		
		Typed or printed name of signee	

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Filing Fee: \$25.00