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2015 OCT | 4 AM 10: 27

OCT 15 2015 J. HARRIS

COVER LETTER Express Help LLc

Telephone #- 561 777 4431

Return Address- 18 southern cross cir apt 204 Boynton Beach, Fl 33436

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: EXPRESS he C.C. 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:
Delva Clervoyant
EXPress help CCc
200 Knoth RD. Scite 236
Bounton Beach FC 33436 City/State and Zip Code DCleryount@expresshelp. U E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Delva Clervoyanta (561) 777 (431 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Expressh (Name of the Limited L	eloLLC			<u>.</u>	
(Name of the Limited L (A I	iability Company as it lorida Limited Liability	Company)	records.)		
The Articles of Organization for this Limited Liabi	lity Company were f	iled on 9/5	<u>28/201</u> 168361	5 and assig	gned
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liability co	mpany here:			
The new name must be distinguishable and contain the words	"Limited Liability Com	pany," the designation	n "LLC" or the ab	breviation "L.L	.C."
Enter new principal offices address, if applicable	e:			75 28 28 28 28 28 28 28 28 28 28 28 28 28	0057(No
(Principal office address MUST BE A STREET A	DDRESS)				
				25 -	1712E-1844-1
Enter new mailing address, if applicable:				= 	
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>			**************************************	
		· <u>-</u>			
B. If amending the registered agent and/or registered agent and/or the new registered office		ddress on our r	ecords, <u>enter</u>	the name o	f the new
NI CNI DILI IA					
Name of New Registered Agent:					
New Registered Office Address:	<u> </u>	Enter Florida street	t address		
		Emer Florida sireel			
-	Ci	ty	, Florida	Zip Code	
New Registered Agent's Signature, if changing Reg	stered 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 = Aut	horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Delva Cleruajon	it 200 Knoth Rd.	E Add
		Boynton Beach FC,334	36 □ Remove
			Change
			Add
			Remove
			□ Change
			Add
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Note: If	ve date, if other than the date of filin ctive date is listed, the date must be specific and f the date inserted in this block does not not? seffective date on the Department of S	ng: nd cannot be prior to date o meet the applicable stat	(option of filing or more than 90 days after utory filing requirements, this	onal) filing.) Pursuant to 605.0207 (3 s date will not be listed as th
the reco) The 9	ord specifies a delayed effective of 90th day after the record is filed.	date, but not an ef	fective time, at 12:01 a	a.m. on the earlier of:
Dated _	October 9	2015		2015 (SEC)
	Signature of a	a member or authorized re	presentative of a member	007 AHASS
		~ 1		

Page 3 of 3

Filing Fee: \$25.00