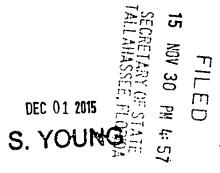


(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL.
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	"





11/30/15--01021--007 **25.00



COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJE		EXPRESS LLC		•		
SUBJE	C1.	Name of Limi	ited Liability Company			
		Amendment and fee(s) are sub-	_			
		LEONELLO A. CHIAPPO)			
			Name of Person			
		STALLION EXPRESS LL	.c			
			Firm/Company			
		10970 SW 43 LANE				
			Address		至65	
		MIAMI, FL 33165			题言:	٢
			City/State and Zip Code		30 4888 4888	
		NATALIE.SENECAL@GN				C
For fur	ther information co	E-mail address: (oncerning this matter, please or	to be used for future annual report notifi all:	cation)	PM 4: 57 DE STATE	
LEON	ELLO A. CHIAPI	PO	786 298-8089			
	Name o	f Person		Telephone Number		
Enclose	ed is a check for th	ne following amount:				
■ \$2 :	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
				DA ADDRESS		

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

STALLION EXPRESS LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for the Organizatio	any were filed on OCTOBER 23, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited 1</u>	iability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	<u> </u>
		LO STATE OF THE PROPERTY OF TH
		HAS
Inter new mailing address, if applicable:		SSE BOTH
Mailing address MAY BE A POST OFFICE BOX)		
		ST E
		意思 57
3. If amending the registered agent and/or registered registered agent and/or the new registered office address		er the name of the n
egistered agent and/or the new registered office address	nere .	
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>	Address	Type of Action
AMBR	DENETTE M. CHIAPPO	10970 SW 43 LANE	
		MIAMI, FL 33165	Remove
			☐ Change
AR	LEONELLO R. CHIAPPO	10970 SW 43 LANE	
		MIAMI, FL 33165	■ Remove
			☐ Change
AR	NATALIE L. SENECAL	10970 SW 43 LANE	SECONDAM
		MIAMI, FL 33165	AND THE AND THE ASSESSMENT ASSESS
			P D Change
			NIE S7
			🗖 Remove
			☐ Change
			Add
			Remove
			☐ Change
			Remove
			☐ Change

•					
			· -		
-					
-	1.00				
				<u>,</u>	

					<u> </u>
					CS R
					\$50 S
-					idos -
					
					021 fr 021 fr 031 fr
					
					•
Effective date, if othe If an effective date is listed,	r than the date of	filing:		option (option	al) ina Bumuant to 605 020
Note: If the date inserted	the date must be specified in this block does	not meet the application	ible statutory filing	requirements, this of	late will not be listed a
document's effective da	te on the Departmen	t of State's records.		•	
he record specifies	a delaved effecti	ve date, but no	t an effective ti	me, at 12:01 a.	m. on the earlier o
The 90th day afte	r the record is fi	led.		·	
Dated OCTOBER 29		2015			
			<u></u> •		
1	Signature	•			
_ <u> </u>	Signature	of member or author	orized representative	of a member	· · · · · · · · · · · · · · · · · · ·

Page 3 of 3

Filing Fee: \$25.00