

14000131657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

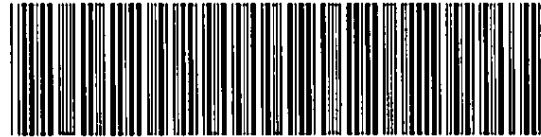
(Business Entity Name)

(Document Number)

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09/28/18--01017--017 **25.00

FILED
SEP 26 PM 8:51
CLERK OF COURT
JAN 18 2019

N. CAUSSEAU

OCT 1 - 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VA Express LLC
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:

Gisela Munoz
Name of Person

AB ALL Services
Firm/Company

1100 W 29th St Suite C
Address

Hialeah, FL 33012
City/State and Zip Code

AB1100@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gisela Munoz at (305) 882-1238
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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**

VA Express LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
SEP 26 2016
11:58:51
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/12/2016 and assigned
Florida document number L16000131657.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

188 Rachel St Apt 6
Melbourne, FL 32901

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

188 Rachel St Apt 6
Melbourne, FL 32901

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:

Mayrales troche Romero

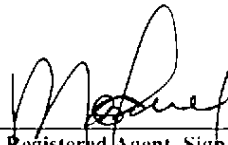
New Registered Office Address:

5512 NW E Lorino Pkwy # 102
Enter Florida street address

Port St Lucie, Florida 34986
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

Title	Name	Address	Type of Action
AMBR	Elnesto, Garcia Salazar	962 6th st	<input type="checkbox"/> Add
		Vero Beach, Fl 32962	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Mayra's trache Romero	188 Rachel st apt 6	<input checked="" type="checkbox"/> Add
		Melbourne, Fl 32901	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SEP 26 10 08 52

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated Sept 21, 2018

Signature of a member or authorized representative: _____ 2018

Signature of a member or authorized representative of a member

Mayra Iis troche Romero
Typed or printed name of signer