## 116000142819

(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:
Special maturations to 1 ming officer.

Office Use Only



800289577958

08/29/16--01022--027 \*\*25.00

Î

BRUCK O BRUCK

## **COVER LETTER**

TO: Registration Sec Division of Corp	ction porations			
	RESS LINES LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	SANTIAGO ROMERO			
	418.0	Name of Person	·	
	S & M EXPRESS LINES	LLC		
		Firm/Company		
	10106 BAY WIND CT			
		Address		
	TAMPA, FL 33615			
		City/State and Zip Code		
	LOCOSUELTO13@YAHO			
		to be used for future annual report notif	ication)	
For further information co	oncerning this matter, please c	all:		
SANTIAGO ROMERO		813 863 - 3332 at (	. TA⊗	
Name of	f Person		Telephone Number L C 25 25 2	
Enclosed is a check for th	e following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

S & M EXPRESS LINES LLC		
(Name of the Limited Liab) (A Florid	lity Company as it now appears on our da Liniited Liability Company)	records.)
. The Articles of Organization for this Limited Liability	Company were filed on $\frac{07/29/2016}{1}$	and assigned
Florida document number L16000142819	·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	<del></del>
Principal office address MUST BE A STREET ADD	RESS)	I De la Carte
		- C - C - C - C - C - C - C - C - C - C
		TITLE TO CONTROL OF THE CONTROL OF T
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		- Control of the cont
Mutting uturess MAT BE ATOST OFFICE BOA	<del></del>	54 8
		10 P
B. If amending the registered agent and/or regi		ecords, enter the name of the r
Same and the same and the same and the same and	uress here.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
	City	, Florida Zip Code
	Cu).	гір Сойе

## 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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	<b>Type of Action</b>
MGR	SANTIAGO ROMERO	10106 BAY WIND CT	
		TAMPA, FL 33615	☐ Remove
			■ Change
			Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add  Remove
			Change
			□ Add    S
			☐ Change
<del></del>			□ Add
			Remove
			☐ Change

				<del>- · · · · · · · · · · · · · · · · · · ·</del>
			•	
		<del></del>		
		- 4		
·				
		1747		
				****
	<del></del>			= 23
				2818 CEC TALL
				AR AUG
				SSEC
			•	
	***************************************	· · · · · · · · · · · · · · · · · · ·		22 21
ective date, if other than the date effective date is listed, the date must be specified in this block downent's effective date on the Department's effective date on the Department of the specifies a delayed effective day after the record in	oes not meet the applic nent of State's records ective date, but no	cable statutory filin	g requirements, this	date will not be listed
ne 90th day after the record i	s піеа,			
AUGUST 18	2016			
<u> </u>				
<b>₽</b> ₹				

Page 3 of 3

Filing Fee: \$25.00