

10/4/2019

Division of Corporations

**L16000143241**

## Florida Department of State

Division of Corporations

## Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LAXMY'S CARRIER SERVICES  
Account Number : 120040000007  
Phone : (305)640-0281  
Fax Number : (305)489-2902

SECRETARY OF STATE  
TALLAHASSEE, FL

2019 OCT -4 PM 3:15

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: LAXMYSCARRIER1@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MALONA'S EXPRESS LLC

Certificate of Status	0
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Corporate Filing Menu

Help

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: MALONA'S 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:

MAGALONA LAGUERRE

Name of Person

MALONA'S EXPRESS LLC

Firm/Company

2920 HIDDEN HILLS ROAD APT 1304

Address

WEST PALM BEACH FL 33411

City/State and Zip Code

LAXMYC2001@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAXMY CHACON

Name of Person

at (305)

Area Code

640-0281

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$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**

2019 OCT -4 PM 3: 15  
SECRETARY OF STATE  
TALLAHASSEE, FL

MALONA'S EXPRESS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 09/01/2016 and assigned  
Florida document number L16000143241

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

Enter Florida street address

City, Florida 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>	<u>Address</u>	<u>Type of Action</u>
MGR	JEAN C VERSSAGE	2920 HIDDEN RD APT 1304	<input type="checkbox"/> Add
		WEST PALM BEACH FL 33411	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

STATIONER  
FALLINGWATER

STATE OF FLORIDA  
TALLAHASSEE, FL

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10/04/2019

E. **Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
(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.

(b) The 90th day after the record is filed.

2019

Signature of a member or authorized representative of a member

LAGUERRE MALONAS

Typed or printed name of signee