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(Requestor's Name)	
(Address)	•
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(City/State/Zip/Phone #)	
(City/State/Zip/Filone #)	
(Business Entity Name)	
(Document Number)	,
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
Office Use Only	



05/05/20--01003--005 ++2 RECEIVED MAY 04 200

R. WHITT

TO: Registration Section Division of Corporations

B TO B EXPRESS LLC

Tallahassee, FL 32314

SUBJECT:

Name of Unnited Lubridy Company

The enclosed Articles of Amendment and fee(s) are submitted for filling

Please return all correspondence concerning this matter to the following:

	SHOAIB A. SIDDIQUI				
		Name of Person			
	B TO B EXPRESS LLC				
	i tan Corapany				
	10407 EMERALD WOODS AVE				
		Address			
		City State and Zip Code			
	ORLANDO, FL 32836				
	E-mail address: (to be used for a flure annual report notif	fication)		
For further information e	concerning this matter, please c	ali.			
SHOAIB A. SIDDIQUI		407 361-7572			
Nume of Person		au () Area Code — Daytime	e Telephone Number		
Enclosed is a check for t	he following amount:				
₩ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	1 \$55,00 Using hee & Certified Copy (additional copy is enclosed)	So0.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre		<u>Street Address:</u> Douistesti an Sac			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

Division of Cerporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

B TO B EXPRESS LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records. In Limited Liability Company)	<u>y 12: 4:3</u>
The Articles of Organization for this Limited Liability (Florida document number L16000144071	Company were filed on <u>08/02/2016</u>	and assigned
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 "Lir	nited Liability Company." the designation "LLC" of	or the abbreviation "L L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	<u>RESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ie name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	ida Zip Code
······································		and a set of the set o

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 wie 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 being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	<u>Type of Actic</u>
			🗆 Add
		<u> </u>	🗆 Remove
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		-10-11	🗆 Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) PLEASE CHANGE THE FEDERAL TAX ID NUMBER TO \$1-3471329 AS THIS IS THE CORRECT TAX

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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 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the record is filed.

APRIL 30	2020	
	Datchqui	
	Signatore of a member of a wized representative of a member	
SHOAIB A. SIDDI	IQUI	
	fyped or pratted name of signee	

IRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023

Date of this notice: 08-05-2016

Employer Identification Number: 81-3471329

Form: SS-4

Number of this notice: CP 575 B

For assistance you may call us a 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned y EIN 81-3471329. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very import that you use your EIN and complete name and address exactly as shown above. Any variat may cause a delay in processing, result in incorrect information in your account, or ev cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

03/15/2017

If you have questions about the form(s) or the due date(s) shown, you can call us the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or you representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note Certain tax classification elections can be requested by filing Form 8832, Entity Classification. See Form 8832 and its instructions for additional information

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-929-4059) or visit your local IRS office.

B TO B EXPRESS LLC SHOAIE A SIDDIQUI MER 10407 EMERALD WOODS AVE ORLANDO, FL 32836

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued on one time and the IRS will not be able to generate a duplicate copy for you. Yo may give a copy of this document to anyone asking for proof of your EIN.
- Use this EIN and your name exactly as they appear at the top of this notice on your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write us at the address shown at the top of this notice. If you write, please tear off the s at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is BTOB. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Keep this part for your records. CP 575 B (Rev. 7-2007)

Return this part with any correspondence CP 575 B so we may identify your account. Please CP 575 B correct any errors in your name or address. 99999999999

Your Telephone Number	Best Time to Call	DATE OF THIS NOTICE:	08-05-2016
() –		EMPLOYER IDENTIFICATIO	N NUMBER: 81-3471329
		FORM: SS-4	NOBOD

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023

B TO B EXPRESS LLC SHOATB A SIDDIQUI MBR 10407 EMERALD WOODS AVE ORLANDO, FL 32836