

L16 000 144071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

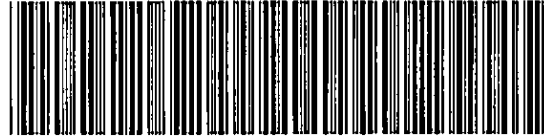
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2021 SEP 20 AM 1:29  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: B TO B 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:

SAMEEL SIDDIQI

\_\_\_\_\_  
Name of Person

B TO B EXPRESS LLC

\_\_\_\_\_  
Firm/Company

4990 W Irlo Bronson Memorial Hwy

\_\_\_\_\_  
Address

Kissimmee, FL 34746-5341

\_\_\_\_\_  
City/State and Zip Code

shoaib100@yahoo.com

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

For further information concerning this matter, please call:

SHOAIB SIDDIQUI

407 361-7572  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

2021 SEP 20 AM 1:29

B TO B EXPRESS LLC

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

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/02/2016 and assigned  
Florida document number L16000144071.

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*

\_\_\_\_\_, **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>	<u>Address</u>	<u>Type of Action</u>
P	SHOAIB SIDDIQUI	10407 Emerald Woods Ave	<input type="checkbox"/> Add
		Orlando, FL 32836	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	SAMEEL SIDDIQI	4990 W Irlo Bronson Memorial Hwy	<input checked="" type="checkbox"/> Add
		Kissimmee FL 34746-5341	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
D	RUBINA S SIDDIQUI	10407 Emerald Woods Ave	<input type="checkbox"/> Add
		Orlando FL 32836	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
D	KIRAN IMRAN	4990 W Irlo Bronson Memorial Hwy	<input checked="" type="checkbox"/> Add
		Kissimmee FL 34746-5341	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
D	IMRAN SIDDIQUI	4990 W IRLO BRONSON MEMORIAL HWY	<input checked="" type="checkbox"/> Add
		KISSIMMEE FL 34746-5341	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

## CHANGE OF OFFICERS

Dated 9/15/21

Arthur

Signature of a member or authorized representative of a member

SHOAIB SIDDIQUI

Typed or printed name of signee

**Filing Fee: \$25.00**