

L1700000 9284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

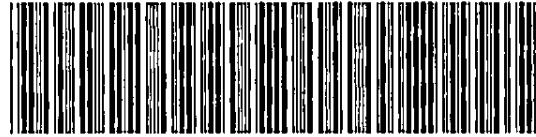
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900321573659

12/10/18--01030--019 \*\*25.00

FILED  
18 DEC 10 AM 7:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 17 2018

T SCHROEDER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DBR EXPRESS SERVICES 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:

DAYRON BECQUER RAMAS

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

DBR EXPRESS SERVICES LLC

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

11780 SW 18TH ST. APT 527

\_\_\_\_\_  
Address

MIAMI, FL 33175

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

ramasbecquer@gmail.

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

For further information concerning this matter, please call:

DAYRON BECKER RAMAS

786 238-3005  
at ( )  
Area Code Daytime Telephone Number

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

Enclosed is a check for the following amount:

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

DBR EXPRESS SERVICES 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 01-11-2017 and assigned  
Florida document number L17000009284.

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)

11780 SW 18TH ST APT 527

MIAMI, FL 33175

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX)

11780 SW 18TH ST APT 527

MIAMI, FL 33175

FILED  
18 DEC 10 AM 7:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

DAYRON BECQUER RAMAS

New Registered Office Address:

11780 NW 18TH ST APT 527

*Enter Florida street address*

MIAMI

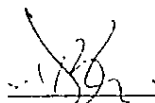
Florida 33175

*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>
SR	DAYRON D BECQER RAMAS. SR	4506 BYLSMA CIR PANAMA CITY, FL 32404	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DAYRON BECQUER RAMAS	11780 SW 18TH ST APT 527 MIAMI FL 33175	<input type="checkbox"/> Add
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
 18 DEC 10 AM 7:46  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

CORRECTING ERROR MADE ON MANAGER NAME AND TITLE AT THE TIME THE LLC WAS ESTABLISHED.

CORRECT NAME OF MANAGER IS DAYRON BECQUER RAMAS

NEW MAILING/PRINCIPAL ADDRESS: 11780 SW 18TH ST. APT 527, MIAMI, FL 33175

FILED  
18 DEC 10 AM 7:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** 01/11/2017 (optional)

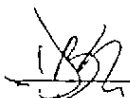
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

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.

Dated December 7th 2018



Signature of a member or authorized representative of a member

DAYRON BECQUER RAMAS

Typed or printed name of signer