

L17000048494

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

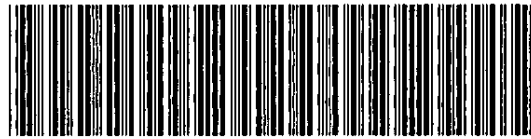
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2017 MAR 30 P 3 35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
MAR 31 2017

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Express Auto Loans, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edward Arango

Name of Person

Express Auto Loans, LLC

Firm/Company

3920 West 12th Avenue

Address

Hialeah, FL 33012

City/State and Zip Code

gratefuled77@icloud.com

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

For further information concerning this matter, please call:

Brian Mathis, Esq.

Name of Person

863

Area Code

875-6950

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

CR2E062 (9/15)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 MAR 30 P 3:35

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**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: Express Auto Loans, LLC

**SECOND:** The Florida Document number of the limited liability company is: L17000048494

**THIRD:** Document to be corrected is: Articles of Organization

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Edward Arango should be removed as the Manager and Edward Arango and Emilio Arango should be listed in the Articles of Organization

as Authorized Members of the LLC. Their information is as follows: Edward Arango, 9761 Lakeview Lane, Parkland, FL 33076

Emilio Arango, 15955 NW 82nd Court, Miami Lakes, FL 33017

**OR**



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**



The electronic transmission of the record was defective

Edward Arango  
Signature of Authorized Representative

3-29-17  
Date



**SIGN  
& DATE**

Signature of new registered agent, if applicable : ( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**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.*

\_\_\_\_\_  
Registered Agent's Signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

2017 MAR 30 P 3:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**