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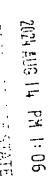
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SUBJECT: P.S. EXPRESS COUNTERS, LUC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Paul Solomon Name of Person
P.S. Express Couriers, Luc Firm Company
3420 CEIETY AVE,
Sanford, Fl. 32711 City/State and Zip Code
Paul Q 1 CP 1001 St. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Paul Solomon at (401) 637, 133 6 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
∑ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

P.S. EXPRESS COUNTERS LUC

(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 Com	pany were filed on <u>§ 7.24.24</u> and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited</u>	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:	3420 Celery Ave.
(Principal office address MUST BE A STREET ADDRES	s Sanford Fl 32771
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	3420 Celery Ave, Sanford, F1 32771
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter the name of the new registered</u>
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>	Address	Type of Action
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Effective date.	, if other than the	date of filing: _			(option	ial)	05.020
(If an effective date Note: If the date	, if other than the object is listed, the date must te inserted in this bloective date on the De	be specific and car ock does not mee	nnot be prior to dat at the applicable s	e of filing or more d datutory filing rec	han 90 days after fi quirements, this c	ling.) Pursuant to h date will not be l	isted as
the record specific cord is filed.	es a delayed effective	e date, but not an	effective time, a	t 12:01 a.m. on tl	ne earlier of: (b)	The 90th day a	fter the
Dated	MA SHA	<u>-</u> , -	<i>30</i> 34.		<i>~</i>		
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