3/30/2017

Division of Corporations

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MBA ACTIVATION, LLC

Account Number : I20130000007

Fax Number

Phone : (786)439-9847 : (786)332-3331

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter\_only one email address please. \*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LEAL EXPRESS LLC

Certificate of Status Certified Copy 01 Page Count Estimated Charge \$25.00

MAR 31 2017

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	EAL EXPRESS LLC		
(Name of the Limited (A	Liability Company as it now sopes Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liab	ility Company were filed on	03/21/2017	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	e limited liability company h	<u>ere</u> :	
The new name must be distinguishable and end with the wor	ds "Limited Liability Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	<u> </u>	
(Principal office address MUST BE A STREET.	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	230		<del>-</del>
B. If amending the registered agent and/or registered agent and/or the new registered offic		our records, enter	the name of the
Name of New Registered Agent:			
New Registered Office Address:		·····	
•	Enter Fla.	rida street address	
	City 6	, Florida	Zip Code
	City: 5		up con

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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JESUS LEAL CABRERA	7119 NW 174 TERR	
		SUITE 201	□ Remove
		HIALEAH, FL 33015	LI Remove
			Add
			☐ Remove
			□ Remove
			□ Add
			□ Remove
		***	
			Remove
······································			Add Add
			Remo
			RETURY OF STATE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	<del>-</del>
	<del>-</del>
E. Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)  March 28th	<b></b>
Signature of a member or authorized representative of a member  JESUS LEAL CABRERA - MANAGER  Typed or printed name of signee	
Typed or printed name of signee	
HANSET, FLI	
Page 3 of 3	£ 20 ·
Please; add the EIN: 82-0886 to our record.	626
thanks!	