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JUL 28 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: EXOSESS CROWN LHC
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:
C. Matthaw Thallips Name of Person
Express Crown LLC Firm/Company
21301 Washburn Ave
Port Charlotte FI 33952 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Matthew Phillips 11941 343-7883
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$(additional copy is enclosed)\$  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  MAILING ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 JUL 24 PM 1: 46

PALLAHASSEE, FLORIDE

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	TASEE PLOSIE
The Articles of Organization for this Limited Liability Company w	vere filed on 4/26/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the ab	breviation "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 offi registered agent and/or the new registered office address here:  Name of New Registered Agent:		the name of the new
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 provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am f ovided for in Chapter 605, F.S. Or,	amiliar with and if this document is
If Chang	ing Registered Agent, Signature of New Re	gistered Agent
	I	

Page 1 of 3

	Authorized Person(s) authorized to manage our records:	age, <u>enter the</u>	title, name, and address of each person being added
MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
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Filing Fee: \$25.00