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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Vasu Express 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:
Sherry O'Steen Name of Person
James and Harris CPA's
857 Edgewood Ave S
Jackson Ville, FL 32205 City/State and Zip Code
Sos james and harris . com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sherry & Steen at (904) 389-2725 Since 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) Certified Copy (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

Vasu Express L	Company as it now appears on our records.)
(A Florida Lin	inuted Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 5/15/17 and assigned florida document number L17000 066 17 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, "LLC." The new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Conternew mailing address, if applicable:	
This amendment is submitted to amend the following:	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) icles of Organization for this Limited Liability Company were filed on
and assigned orida document number L17000 l06617 is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: If amending name, enter the new name of the limited liability company, the designation "LLC" or the abbreviation or the new principal office address MUST BE A STREET ADDRESS) If a mending the registered agent and/or registered office address on our records, enter the name of the new gistered agent and/or the new registered office address here: Name of New Registered Agent:	
The new name must be distinguishable and contain the words "Limited	
Enter new principal offices address, if applicable:	Frederic
(Principal office address MUST BE A STREET ADDRES.	<u>SS)</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	red office address on our records, <u>enter the name of the ne</u> is here:
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>	Name	Address	Type of Action
MGR	Harshad Zalawadia	460 Lane Ave South Jacksonville, FL 32254	⊠ ∕Add
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Shuy O'Steen Sherry O'Steen Typed or printed name of signee	of a member	

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Filing Fee: \$25.00