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(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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BINISIEN DE CONTRACTIONS

K. SALY JAN - 4 2018

COVER LETTER

D: Registratio Division of	n Section Corporations	·	
ID IT CT.	LA EXPRESS DELIVERY LI	,¢	
ЛВЛЕСТ:	Name of Liv	nited Liability Company	<u></u>
	s of Amendment and fee(s) are sul espondence concerning this matter	•	
	l.	UIS A. LANDIN	
		Name of Person	
	1.7	VEXPRESS DEGIVERY LLC	
		Figure Company	
	9499 JAX	IAICA DRIVE	
		Address	-
	AHAMI	, FL 33189	
		City/State and Zip Code	
		32 yahoo,com (to be used for tuture animal report notification)	
u further informati	on concerning this matter, please c		
LUIS	A. LANDIN	786 518 3431	
Nai	ne of Petson	Area Code Daytime Telephon	e Number
nclosed is a check f	or the following amount:		
\$25.00 Filling Fee	e S30,00 Filing Fee & Certificate of Status	Certified Copy tadditional copy is enclosed)	60,00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)
Rej Div	AHANG ADDRESS: gistration Section vision of Corporations), Box 6327	STREET/COURIER ADD Registration Section Division of Corporations Clifton Building	RESS:

Tallahassee, FL 32344

Registration Section Division of Corporations Clifton Building 2601 Executive Center Circle Tallabassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



LA EXPRESS DELIVERY LLc

company has been notified in writing of this change.

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

s amendment is submitted to amend the fol	Howing:		
If amending name, enter the new name	of the limited liab	ility company her	g;
new name must be distinguishable and contain the	words "Limited Liabi	ity Company," the des	ignation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		9499 JAMAICA	DRIVE
		MIAMI FL 33189	
mental office manera reason by	13.1.11.12.11.11.11.11.11.11.11.11.11.11.1		
ter new mailing address, if applicable:			
<u>ailing address MAY BE A POST OFFICI</u>	E BOX)	· · ·	

If any discount and any	ultur musintamul m	PCon address on	our monds enter the name of th
If amending the registered agent and	***		our records, enter the name of th
If amending the registered agent and istered agent and/or the new registered of	***		our records, <u>enter the name of th</u>
istered agent and/or the new registered	***	<u>e</u> :	our records, <u>enter the name of th</u>
istered agent and/or the new registered of New Registered Agent:	office address her	e: DIN	our records, <u>enter the name of th</u>
istered agent and/or the new registered (office address her	g: DIN A DRIVE	
istered agent and/or the new registered of New Registered Agent:	office address her LUIS A.LANL 9499 JAMAIC	g: DIN A DRIVE Enter Floric	la street address
istered agent and/or the new registered of New Registered Agent:	office address her	g: DIN A DRIVE Enter Floric	

If Changing Registered Agent, Signature of New Registered Agent

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being addor removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>l'itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ALFONSO CASTILLO	9499 JAMICA DRIVE	
		MIAMI FL 33189	Remove
			Change
		·	
			Remove
			Charles Services
			Bemove :
			Change
		□ Add	
			☐ Remove
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	<u>خ</u>
Effec	tive date, if other than the date of filing:
(If an et	tive date, if other than the date of filing: (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
cit/Ctil	the control date on the partition of the state of the sta
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
) ine	e 90th day after the record is filed
Dated	DECEMBER 26 2017
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00