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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: TRUST 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:
ANNA KUDENEJEVA Name of Person
TRUST EXPRESS LLC Firm/Company
8500 NW 43ct Address
CORAL Springs FL 33065  City/State and Zip Code  RATUSHINA Ogmail - Com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANNA KUDENE JEUG at (786) 352-3278  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee     Certificate of Status     Certified Copy     (additional copy is enclosed)     Certified Copy     (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

## 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**

TRUST EXPR  (Name of the Limited Liability Comp (A Florida Limited)	CSS LLC	records.)		
(A Florida Limited	Liability Company)			
The Articles of Organization for this Limited Liability Compan	y were filed on 5	y Company," the designation "LLC" or the abbreviation L.L.C."		
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."  Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and contain the words "Limited Liah	oility Company," the designation	on "LLC" or the abbreviation L.L.C."		
Enter your principal offices address if applicables				
• •				
(Principal office address MUST BE A STREET ADDRESS)				
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		<u> </u>		
Enter new mailing address, if applicable:	<del></del>	27 T		
(Mailing address MAY BE A POST OFFICE BOX)		Ð. 6		
B. If amending the registered agent and/or registered or registered office address he		ecords, enter the name of the no		
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	<u>:</u>			
I hereby accept the appointment as registered agent and ag	ree to act in this capacit	y. I further agree to comply with th		

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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record specifies a he 90th day after			t an effective ti	me, at 12:01 a	.m. on the	e earlier (
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