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T. LE WELK

# S'N'A Delivery Service LLC

May 31, 2019

2001 sw 58 ct

Miami, FL 33155

**New Company Name:** SNA Express LLC

## Personal Info:

Name- Alex Madruga Echemendia

Phone- (786) 907-9769

Return Address- 2001 sw 58 ct, Miami, FL 33155

Email- snacompanymail@gmail.com

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 5NA De l'acru Gervice L/C.  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:
Alex Hadroga Echemendia
5NA Delivery Gervice LLC
2001 SW 58 CT
Miami, F/ 33155 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alex Hadroga Echemendia at 786 907-9769  Name bi 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 & Certificate of Status & 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

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Child DI	
5NA Delivery	Sewice //C
(Name of the Limited Liability (A Florida	Company as it now appears on our records. 17 - 5 12. 34 Limited Liability Company)
	ompany were filed on July: 11, 2017: and assigned
Florida document number	_•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
GNA E	x0ce55 //C
(Name of the Limited Liability Company as it now appears on our records) - 5 P 12 34  The Articles of Organization for this Limited Liability Company were filed on	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRI	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
Name of New Registered Agent:	
New Registered Office Address:	Entar Flurida streat address

### 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>	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			∩ Add
			□ Remove
		Change	
			Add
		<del></del>	
			☐ Change
			☐ Remove
			Change

Note: If	e date, if other than the date of filing:
	and specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier of the day after the record is filed.
Dated	<u>May 31. 2019</u> .
	2 -
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00