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## **COVER LETTER**

TO: Registration Section Division of Corp			
subject: F &	M (SNSUME Name of Lim	ited Liability Company	<u>C</u>
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Barbo	Name of Person	<b>)</b>
		Firm/Company	
	3422	High Hampton	Cir
	Tampa.	FL 33610 City/State and Zip Code	
	Xpresstax 20 E-mail address: (1	71766mail. Com to be used for future annual report notifi	cation)
For further information cor	neerning this matter, please ca	all:	
Luis Mont	One 2	at ( <u>% 13</u> ) 330 - 1 Area Code Daytime	085
. Name of f	rerson	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, 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 ORGANIZATION OF

Tame of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_ Florida document number <u>L17000150744</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: XPRESS FINANCIAL SOLUTIONS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office 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 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 t 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

## or removed from our records:

MGR = Manager

AMBR = Authorized Member

ANTER - Auditorized Stemoer				
<u>Title</u>	Name	Address	Type of Actio	
AMBR	Carlos Figueroa	^		
		Ruskin FL 33570	Remove	
			Change	
AMBR	Barbara Contreras	3422 High Hampton C		
		Tampa, FL 33610	Remove	
			Change	
AMBR	Michelle Sosa	1340 Dragon Head Dr.	<b>-⊠</b> ∧dd	
		Valrico, FL 33594	□ Remove	
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	are due on the population of other steeries.
record spe	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o
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	Signature of a member or authorized representative of a member
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Filing Fee: \$25.00