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(Re	questor's Name)	
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COVER LETTER

Division of Co		ž.	
XPRESS I SUBJECT:	RENDERING, LLC		
	Name of Lim	ited Liability Company	
	f Amendment and fee(s) are sub		
Please return all corresp	ondence concerning this matter	to the following:	
	PAOLA C BERNASCON	I	
		Name of Person	
	RLB FINANCIAL SERVI	CES, INC	
		Firm/Company	
	16115 SW 117 AVE STE	14A	
		Address	
	MIAMI, FL 33177		
		City/State and Zip Code	
	PAOLA@XPRESSRENDE		
		to be used for future annual report notific	cation)
For further information (concerning this matter, please c	all:	
PAOLA C BERNASCO	NI	305 253-8774	
Name (of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

XPRESS RENDERING, LLC				
(Name of the Limited Liability Comp. (A Florida Limited	ny as it now addears on our recor Liability Company)	ds.)		
The Articles of Organization for this Limited Liability Company Florida document number L17000181297	were filed on 08/24/2017		and a	ssigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	nility company here:			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbrev	iation "	L.L.C."
Enter new principal offices address, if applicable:	1966 NE 123 ST			
Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33181		28	
		***	1 7 C	** i
		'u-	1	944.5-25
Inter new mailing address, if applicable:	1966 NE 123 ST		9	Š
Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33181	1.5		::
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		ا آلاد غوا	<u></u>	
3. If amending the registered agent and/or registered of	ffice address on our record	ls, <u>enter the</u>	name	of the
egistered agent and/or the new registered office address her	<u>e</u> :			
Name of New Registered Agent:			_	
New Registered Office Address:				
· · · · · · · · · · · · · · · · · · ·	Enter Florida street addre	25.5		
		lorida		
	City		ip 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 = M $AMBR = A$	anager uthorized Member		
Title	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			Remove
			□ Change
			□ Add
			Remove
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			Change
			
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REMOVING "PMB" FROM	PRINCIPAL AND MAILING ADDRESS.	
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o <u>ffer</u> 11 the date inserted in this blo ocument's effective date on the De	the specific and cannot be prior to date of filing or more than 90 dock does not meet the applicable statutory filing requirement partment of State's records. The effective date, but not an effective time, at 1	ints, this date will not be listed as
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•	Signature of a member or authorized representative of a member	
NICOLAS F ONA		6
NICOLAS F ONA	Typed or printed name of signee	
NICOLAS F ONA	Typed or printed name of signee	o (

Filing Fee: \$25.00