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HARRIS

COVER LETTER

Division of Corporations	
LITERTON IN EXPRESS 110	
SUBJECT: /NTERTRALS EXTRESS 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:	
DEVAD AHMETASEVIC	
Name of Person	_
INITERTOANS EXPRESS ITS	
/NTERTRANS EXPRESS IL <	
1729 NW 12TH ST Address	
CAPE CORFIL FL 33993 City/State and Zip Code	
City/state and Zip Code	
INTERTRANSEXPRESS-LLCO GMAIL. C'OM E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
DEVAD AHMETASEVIC at (239) 750 - 6655 Name of Person Area Code Daytime Telephone Num	her
Name of Felson Alexander Manne Felson Countries and Countr	001
Enclosed is a check for the following amount:	
	Filing Fee, icate of Status &
	ied Copy mal copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS	:
Registration Section Registration Section	

Division of Corporations P.O. Box 6327

ΓO:

Registration Section

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compa (A Florida Limited L	ルレC ny as it now appears of Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000001759</u> .	were filed on _O/	103/2018 an	d assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here	:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the desig	gnation "LEC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
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Enter new mailing address, if applicable:			: :
(Mailing address MAY BE A POST OFFICE BOX)		•	· · ·
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B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on or e:	ur records, <u>enter the na</u>	sme of the ne
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
		, Florida	
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New Registered Agent's Signature, if changing Registered Agent:			
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pering filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Cha	duties, and I am familia opter 605, F.S. Or, if this	r with and document is
If Chan	nging 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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