

Division of Corporations

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**L18 000007693**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : BURNS LAW OFFICES, P.A.  
Account Number : I20140000036  
Phone : (305)733-8223  
Fax Number : (866)883-7019

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
XPRESS AUTO, LLC**

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21 JAN -6 PM 4:21

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

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XPRESS AUTO, LLC

(Name 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 01/09/2018 and assigned  
Florida document number L18000007693

This amendment is submitted to amend the following:

A. 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 "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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

HASHIM WELCH

New Registered Office Address:

2831 North Ocean BLVD Unit #302

Enter Florida street address

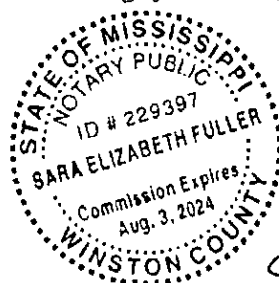
Fort Lauderdale, Florida 33308

City

Zip 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.



[Signature]  
If Changing Registered Agent, Signature of New Registered Agent

Sara [Signature]

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

((H21000006864 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	HASHIM WELCH	1498 Peachtree Rd. E.	<input checked="" type="checkbox"/> Add
		Starkville, MS 39759	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MOUNIA RADOUANI	8819 KNOLLWOOD DR	<input type="checkbox"/> Add
		EDEN PRAIRIE, MN 55347	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANIS KHEMAKHEM	8819 KNOLLWOOD DR	<input type="checkbox"/> Add
		EDEN PRAIRIE, MN 55347	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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