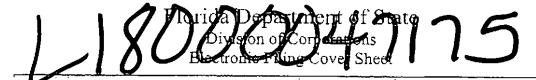
8/9/2018

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6383

From:

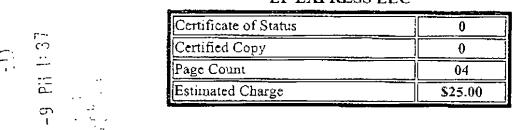
Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

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

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LP EXPRESS LLC



Electronic Filing Menu Corporate Filing Menu

Help

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LP EXPRESS, LLC		
(Name of the Limited Liabilian) (A Florid	ity Company as It now aggears on our rec a Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability (	Company were filed on 02/22/2018	and assigned
Florida document number L18000047175	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited Bability company here:	高い
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "I	
Enter new principal offices address, if applicable:		三 三 一
(Principal office address MUST BE A STREET ADD	RESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi registered agent and/or the new registered office add	stered office address on our reco dress here:	rus, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ade	dress
		Florida
	City	Żip Code
New Registered Agent's Signature, if changing Register		
I hereby accept the appointment as registered agent	t and agree to act in this capacity. I	further agree to comply with

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to compty 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

Title	Name	<u>Address</u>	Type of Action
MGR	LUIS PORTAL		Add
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cument's effect	ve date on	he Department of State's records.	·
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record sped	fles a del	ayed effective date, but not an eff	ective time, at 12:01 a.m., on the earlie
The 90th day	after the	record is filed.	•
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Page 3 of 3

Filing Fee: \$25.00