L1800087595

(Re	questor's Name)	
(Ad	dress)	
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(Cir	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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J. HARRIE

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Frystal Exp	PNESS USA, LUC ited Liability Company	2
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	JUAN	C VAIDANO	
		EXPRESS USA Film/Company	uc
	11600 NW	91 st suite 1	0
	HIA	City/State and Zip Code	
		20 FWS+ALVS4. a. to be used for future annual report notif	
	oncerning this matter, please ca	all:	
	1 VAldano	at (<u>305</u> <u>608 (</u> Area Code Daytime	0700
Name of	Person	Area Code Daytime	· Telephone Number
Enclosed is a check for th	e 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



April 18, 2018

JUAN C VALDANO 11600 NW 91 ST SUITE 10 MIAMI, FL 33178

SUBJECT: KRYSTAL EXPRESS USA, LLC

Ref. Number: L18000087595

We have received your document for KRYSTAL EXPRESS USA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 318A00007928

RECEIVED

2018 JUN 14 AM 10: \$5

STARTHENT OF STAMPS OF

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Elimited Liabili	EYPNESS US ty Company as it now appea a Limited Liability Company)	ITS OR OUR records	·		
The Articles of Organization for this Limited Liability C Florida document number <u>L1800008759</u> :	Company were filed on _	4/06/2018	3	and ass	igned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limi	ited liability company h	ere:			
The new name must be distinguishable and contain the words "Limitation of the contain the contain the words "Limitation of the contain th	ited Liability Company," the	designation "LLC" or the	abbrevio	tion "I I	<u> </u>
Enter new principal offices address, if applicable:		or unc	30010112	MON L.	J.C.
(Principal office address MUST BE A STREET ADDR	ESS)		; ·		
				634	
Enter new mailing address, if applicable:			12/8/2	-t-	tim.
(Mailing address MAY BE A POST OFFICE BOX)			[] = =	725	<u> </u>
			63	<u>6</u> 6	A. f
B. If amending the registered agent and/or registered agent and/or the new registered office address.	ered office address on ess here:	our records, <u>ente</u>	r the n		f the nev
Name of New Registered Agent:	-		<u> </u>		<i>.</i>
New Registered Office Address:				-	
	Enter Flor	ida street address			
		, Florida _	_		
New Registered Agent's Signature if the start of	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.

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 Address **Type of Action** <u>Title</u> Name JUAN C CRUZ 808 BrickEll Fey Dr. # 3504 - Add MER MIAWI, FL 33/3/ ☐ Change 808 Brickell Fey Dr. # 3504 X Add MGR JUAN C VALDANO MIAWI, FL 33131 ☐ Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change □:Add Change -☐ Add ☐ Remove ☐ Change

						
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n effecti <u>ite:</u> If t	ive date is listed, the date must the date inserted in this blo	, be specific and cannot be p ock does not meet the ap	prior to date of filing or mo plicable statutory filing	are than 90 days after fill great requirements, this days	ng.) rursuant ite will not l	be listed as
	t's effective date on the De					
record The 90	d specifies a delayed Oth day after the reco	effective date, but and is filed	not an effective ti	ime, at 12:01 a.n	i. on the	earlier o
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		TVAN C	VAIDA UO printed name of signee	or a member	4.	

Page 3 of 3

Filing Fee: \$25.00