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COVER LETTER

TO: Registration Se Division of Cor			
ZZD EXPF SUBJECT:	RESS LLC	,	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SISSI D RODRIGUEZ		
		Name of Person	
	ZZD EXPRESS LLC		
		Firm/Company	
	14918 SW 22 ST		
		Address	
	MIAMI, FL 33185		
	sissidrodriguez@aol.com	City/State and Zip Code	
	- -	to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
SISSI D. RODRIGUEZ		305 527-8628	
Name o	f Person		ne Telephone Number
Enclosed is a check for th	ne 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		Street Address:	
Registration S Division of C		Registration Se	
P.O. Box 632		Division of Co The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ZZD EXPRESS 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 Florida document number L18000154114	were filed on 06/22/2018	and 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 Liabi	lity 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 a agent and/or the new registered office address here:	address on our records, <u>enter t</u>	ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	180 611 111 1111 1111
	, Flor	
	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 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	anager uthorized Member	Address PFI 3: 48	
<u>Title</u>	<u>Name</u>	Address Pri 3: 40	Type of Action
MGR	ROBERT RODRIGUEZ	14918 SW 22 ST	■Add
		MIAMI FL 33185	Remove
			□ Change
			□Add
			□Renюve
			□Change
			□ Add
			□ Remove
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			🗀 Remove

	(Attach additional sheets, if necessary) 21 HAY 26 FM 3: 48
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five date, if other than the date of filing: Tective date is listed, the date must be specific and cannot be prior to day. If the date inserted in this block does not meet the applicable ment's effective date on the Department of State's records.	ate of filing or more than 90 days after filing) Pursuant to 605
rd specifies a delayed effective date, but not an effective time, iled.	at 12:01 a.m. on the earlier of: (b) The 90th day after
MAY 18 , 2021	
Signature of a member or authorized	

Filing Fee: \$25.00