

LIB000177943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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CLERK OF DISTRICT COURT
TALLAHASSEE FL 32304

D BRUCE
NOV 14 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GRADE A EXPRESS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEPH WALKINS
Name of Person

GRADE A EXPRESS LLC
Firm Company

1281 NW 43 AVE APT 109
Address

LAUDERHILL, FL 33313
City State and Zip Code

SW JAC GRADEAEXPRESSLLC@GMAIL.COM
E-mail address, (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH WALKINS at (954) 860-0046
Name of Person Area Code Daytime Telephone Number

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Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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
2601 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GRADE A 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 were filed on 7-24-2018 and assigned Florida document number L18000177943.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1281 NW 43 AVE

APT 109

LAUDERHILL, FL 33313

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1281 NW 43 AVE

APT 109

LAUDERHILL, FL 33313

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:

New Registered Office Address:

1281 NW 43 AVE APT 109 LAUDERHILL, FL 33313
Enter Florida street address

LAUDERHILL
City

Florida 33313
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

Title	Name	Address	Type of Action
AMBR	JOSEPH WALKINS	1281 NW 43 AVE	<input checked="" type="checkbox"/> Add
		APT 109	<input type="checkbox"/> Remove
		LAUDERHILL, FL 33313	<input type="checkbox"/> Change
MGR	MAXINE WALKINS	920 SOUTHWEST 15TH TERRACE	<input type="checkbox"/> Add
		^{SW} TEAROSE APT A	<input type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33312	<input checked="" 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

CHANG TO THIS ADDRESS

2018 OCT 31 PM 5:56
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated _____, _____

Signature of a member or authorized representative of a member

JOSEPH WALKINS
Typed or printed name of signee