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Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone : (323) 962-8600 Fax Number : (323) 962-3889

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

Email	Address:	 

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## **COVER LETTER**

FO: Registration Se Division of Cor			•
Expandi L			
SUBJECT:		ited Liability Company	•
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	101 N. Brand Blvd., 11t	h Floor	
		Address	· · · · · ·
	Glendale, CA 91203		
		City/State and Zip Code	
	angeliquetaylor@hucand	culture.com to be used for fitture annual report notif	ication
For further information c	oncerning this matter, please co		50
Cheyenne Moselcy		800 773-0888 ex	xt. 9724
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Fifing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (auditional copy is enclosed)
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:
Regist	ration Section on of Corporations	Registration Section Division of Corporation	
Р,О В	ox 6327	Clifton Building 2661 Executive Cer	

2661 Executive Center Circle Tallahassec, FL 32301

## ARTICLES OF AMENDMENT TO ` ARTICLES OF ORGANIZATION OF

Expandi LLC	
(Name of the Limited Liability Compa (A Florida Limited)	inv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000181993</u> .	were filed on 7/30/2018 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 end with the words "Limited Link	sility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	265 South Federal Highway #161
(Principal office address MUST BE A STREET ADDRESS)	DEERFIELD BEACH, Florida 33441
the same of the state of the st	265 South Federal Highway #161
Enter new mailing address, if applicable:	DEERFIELD BEACH, Florida 33441
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her  Name of New Registered Agent:	
New Registered Office Address:	Enter Florida streci address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	i
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am fumiliar with and provided for in Chapter 605, F.S. Or, if this document is

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If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Angelique Davis-Taylor	1250 SE 14TH DRIVE -	O Add
		DEERFIELD BEACH, Florida 33441	<b>☑</b> Remove
AMBR	Angelique Davis-Taylor	265 South Federal Highway #161	
		DEERFIELD BEACH, Florida 33441	🖸 Remove
			□ Remove
		·	
			☐ Remove
			□ Remove
			D Add
			□ Remove

If amending any other information, enter change(s) here: (Attach add	litional sheets, if necessary.)
	<del></del>
Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be prior to date of the date of the date and cannot be prior to date of the	(optional) not be more than 90 days after
the date this document is filed by the Florida Department of State)	
Dated 09/24/2018	
Signature of a member or authorized representa	
Angelique Davis-Taylo	
Typed or printed name of signor	c

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Filing Fee: \$25.00