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COVER LETTER

TO:	Registration Section Division of Corporations	
CHID	PAIGE EXPRESS LLC	
SUB	Name of Limited Liability Company	
The e	enclosed Articles of Amendment and fee(s) are submitted for filing.	
Pleas	se return all correspondence concerning this matter to the following:	
	TELISA Y DAYS	
	Name of Person	
	FirmvCompany	
	4429 HOLLYWOOD BLVD #814418 *	
	Hollywood FL 33081	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For fi	urther information concerning this matter, please call:	
_/	Name of Person at (954), 893-0966 Area Code Daytime Telephone Number	
Enclo	osed is a check for the following amount:	
■ S	25.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	PAIGE EXPRESS LLC	
	Liability Company as it now appears on our record Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	oility Company were filed on <u>8 - 23 -</u> 01989	-2018 and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, <u>enter the new name of t</u>	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	<u> </u>
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		1.05 20
(Mailing address MAY BE A POST OFFICE BO	<u></u>	F CN ST
B. If amending the registered agent and/or registered agent and/or the new registered office		s. enter-the name of the new
Name of New Registered Agent:		9:28
New Registered Office Address:		
	Enter Florida street addres	W.
		orida
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	TELISA Y DAYS		
		4429 HOLLYWOOD BLVD #814418 HOLLYWOOD, FL 330 8 /	■ Remove
			Change
			Add
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			Change
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			□ Remove
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			Change
	 		
		<u>. </u>	Remove
			☐ Change

	<u> </u>
(If an e <u>Note</u>	etive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
	OCTOBER J. 2019
Date	

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Typed or printed name of signee

Filing Fee: \$25.00