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(Re	equestor's Name)		
(Ac	ddress)		
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(Ci	ty/State/Zip/Phone #)	
PICK-UP	MAIT WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions to	Filing Officer:	-	

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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 6, 2018

ADRIENNE MORRIS 709 CRISTELLE JEAN DR RUSKIN, FL 33570

SUBJECT: TEAM MORRIS EXPRESS, LLC

Ref. Number: L18000261557

We have received your document for TEAM MORRIS EXPRESS, 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):

You can only list one registered agent.

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.

Letter Number: 818A00025112

Dionne M Scott Regulatory Specialist II

COVER LETTER

TO: Registration Set Division of Con			
SUBJECT: FA	Morris - X	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
Adrono	Team r 709 (z:ste Rask	ar(407) 244	2019 JAN
Enclosed is a check for t	he 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)
Regist Divisio P.O. B	JING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cer	n itions

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TQ ARTICLES OF ORGANIZATION OF

leam W		ress LLC		
(Name of the Limited (A	Liability Company as it is Florida Limited Liability (tow appears on our Company)	records.)	
The Articles of Organization for this Limited Liab Florida document number <u>上りりのり</u> るい		led on <u> </u>	2019	_ and assigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	ne limited liability con	mpany here:		
The new name must be distinguishable and contain the word	le:	pany," the designation	n "LLC" or the abbrev	viation "L.L.C."
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>		<u> </u>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u></u>		76-4 17-3 20-3 20-3 20-3	D J
B. If amending the registered agent and/or registered agent and/or the new registered office	***	ldress on our re	ecords, enter the	explaine of the new
Name of New Registered Agent:	Adrence	Minis		
New Registered Office Address:	709 CR:	Enter Florida street		<u> </u>
	Rusking	·	_, Florida	SETO 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 Title Name 709 CRistelle Jean whive Antwice Muris Kuskin FL 33570 ☐ Change MGR Ackiene Muris 719 CRistelle Jean Da Kukn F 3357U ☐ Remove ☐ Change □ Add ☐ Remove Change Ö Change \square Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change

Registered Agent - Adrine	W. Cair
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing: te: If the date inserted in this block does not meet the applicable statutor current's effective date on the Department of State's records.	(optional) ing or more than 90 days after filing.) Pursuant to 605.0 ry filing requirements, this date will not be listed
record specifies a delayed effective date, but not an effective date, but not an effective date.	tive time, a t 12 :01 a.m. on the earlier
the 90th day after the record is filed.	
Signature of a thembor of authorized represe	entative of a member
Ade Miss	

Page 3 of 3

Filing Fee: \$25.00