118000 284 965

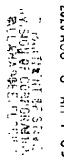
(Red	questor's Name)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing.			
SUBJECT:	Expressi (M Name of Lin	S Annustrated Liability Company	ation LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
DUBJECT: Expressions Amenimist Address: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Person			
		Name of Person	
		Firm/Company	
		Address	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Patricia Name o	Person Pr	at (186) 431 Area Code Daytime	1154 Telephone Number
Enclosed is a check for th	ne following amount:		
▼1 \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registration S	Section		
P.O. Box 632		The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Express	ions Alminis	stration LLC
(Name of the Limited Liabili (A Florida	ity Company as it now appears on our re a Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability C Florida document number 82 300 666	Company were filed on 121 L 18000 284	12 201 8 and assigned 965
This amendment is submitted to amend the following:	,	
A. If amending name, enter the new name of the lim	nited liability company here:	2020 AU
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	"LLC" or the abbreviation "L.L.@
Enter new principal offices address, if applicable:	-	
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		·
	Enter Florida street ad	ddress
	City	, FloridaZip Code
	Cuy	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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
Mgr	Patricia Downer	4522 Forest Blrd	ZAdd
	Q	1522 Forest Blrd North Landerdale	□Remove
2000		FL, 33068	Change
AR an	Racquel Moss	4522 Fovest Blvd	5VAdd
		North Landerdale	□Remove
		FL, 33068	□Change
			□Add
			□Remove
			□Change
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			□Change

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f an ef Note:	cive date, if other than the date of filing:	
rd is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90tl led.	h day after the
Dated	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	_