## L19000027630

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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June 3, 2021

LINAR TOKTOBAEV 508 SOUHBRANCH DR. SAINT JOHNS, FL 32259

SUBJECT: LDTEXPRESS LLC Ref. Number: L19000027630

We have received your document for LDTEXPRESS 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Letter Number: 821A00012064

Alecia Rivers Regulatory Specialist II

### **COVER LETTER**

Division of Cor	rporations		
SUBJECT: LDTEXPR	FSSTIC		
30001.C1. <u>13211.347</u>		ited Liability Company	
701 I I I I I I			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Linar Toktobaev	Name of Person	
		Name of Ferson	
	LDTEXPRESS LLC		
		Firm-Company	
	508 Souhbranch dr		
		Address	
	Saint Johns : FL 32259		
		City/State and Zip Code	
	Idtexpress@outlook.com E-mail address: (	to be used for future annual report not	itication)
For further information c	oncerning this matter, please c		
i di filidici filivitiki di	oncerning that maker, prease es	•••	
Linar Toktobaev		at ( <u>917</u> ) <u>673-7954</u>	
Name o	f Person	Aren Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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)
Mailing Addres		Street Address:	
Registration 5		Registration Se	
Division of C	corporations	Division of Co	rporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LDTEXPRESS LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on <u>01/28/2019</u>	and assigned
Florida document number 1.19000027630		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
The new name must be distinguishable and contain the words "Limited Lic	ability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<i>ي</i> ر
B. If amending the registered agent and/or registered offic	e address on our records, <u>enter the na</u>	me of the new register
agent and/or the new registered office address here:		
		900 1800
Name of New Registered Agent:		
New Registered Office Address:		22
	Enter Florida street address	70
<del>-</del>	, Florida _	
	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>	Name	Address	Type of Action
MGR	Linar Toktobaev	508 Southbranch Dr Saint Johns FL 32259	□Add
			[]Remove
			■Change
			□Add
			□Remove
			□Change
		<del></del>	□Add
			□Remove
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# D. If amending any other information, enter change(s) here: Attach addition.

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f an eff <u>Note:</u>	ve date, if other than the date of filing:
e recor rd is fil	d 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 ed.
	April 9
Dated	
Dated	
Dated	Signature of a member or authorized representative of a member