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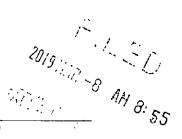
TO:

Registration Section

Division of Co	rporations	•	
	S LEASING LLC		
SUBJECT:	Name of Lim	ited 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:	
	KELLY COLETTO		
	MAKERS CORPORATION	Name of Person	
	4095 SOUTHERN BLVD S	Firm/Company TE 203	
		Address	
	WEST PALM BEACH, FL		
	KELLY.COLETTO@MAKEF		
For further information c	E-mail address: (concerning this matter, please ea	to be used for future annual report noti- all:	fication)
KELLY COLETTO		561 891-3553	
Name o	of Person	at () Area Code Daytime	e Telephone Number
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 Corpor Clifton Building 2661 Executive Ce	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



EXPRESS LEASING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Co	ompany were filed on	01/28/2019	and assigned
Florida document number L19000029334	<u>_</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company	here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company." (he designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR)			
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 agent and/or the new registered office address agent and/or the new registered office address agent and/or the new registered Agent:		on our records, <u>en</u>	ter the name of the <u>new</u>
New Registered Office Address:	Enter	Florida street address	
	City	, riorida	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered agbeing filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance ent as provided for i	of my duties, and La n Chapter 605, F.S.	im familiar with and Or, if this document is
	If Changing Registeree	Agent, Signature of Nev	v 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>	<u>Address</u>	Type of Action
MGR	PEREZ GOMEZ, DARIEL	16394 SYCAMORE DR E LOXAHATCHEE, FL 33470	
			U Add
			Remove
			Change
			Add
			Remove
			Change
			□ Remove
			
		1	□ Remove
			☐ Change
			
		-	□ Remove
			Change
			□ Add
			□ Remove
			Change

			
			
			
			
. Effective date, if other than th	e date of filing:	(optional) ate of filing or more than 90 days after filing.)	
Iff an effective date is listed, the date in Note: If the date inserted in this b document's effective date on the I	lock does not meet the applicable	ate of filing or more than 90 days after filing.) statutory filing requirements, this date w	Pursuant to 605,0207 will not be listed as
the record specifies a delayed). The 90th day after the re-		n effective time, at 12:01 a.m. o	on the earlier of
March 5th	2019		
	A)		
	Signature of a member or authorize		

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Typed or printed name of signee

Filing Fee: \$25.00