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SECRETARY OF STATE
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COVER LETTER

TO:	Registration Se- Division of Cor			
SHR	C & D EXF	PREES LLC		
.,00		Name of Limi	ited Liability Company	
The	enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Pleas	se return all correspo	ndence concerning this matter)	to the following:	
		GUILLERMO DE HOWART	Z	
		IN BALANCE ACCOUNTIN	Name of Person G SYSTEMS LLC	
		18459 PINES BLVD STE 2	Firm/Company 22	
		PEMBROKE PINES, FL 33	Address 029	
		GDH1D@AOL.COM	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notific	cation)
For t	further information co	oncerning this matter, please ca	all:	
GUI	LLERMO DE HOW		305 567-0363 at () Area Code Daytime	
	Name of	î Person	Area Code Daytime	Telephone Number
Encl	osed is a check for th	e following amount:		
B 5	525.00 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 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

FILED

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C & D EXPREES LLC		- 2019 HAR 25 P 12: 3
(<u>Name of the Limited Li</u> (A F	ability Company as it now appears on our records.) orida Limited Liability Company)	THE STATE
The Articles of Organization for this Limited Liabili Florida document number L19000041192	ity Company were filed on 02/11/2019	SUCRETARY OF STATI TALLAHA ASSIGNED
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	limited liability company here:	
C & D EXPRESS LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET AI	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	3	
B. If amending the registered agent and/or r registered agent and/or the new registered office	registered office address on our records, <u>e</u> <u>address here</u> :	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	, Florid	
	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	
			Add	
			□ Remove	
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	02/11/2019
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an effe	ve date, if other than the date of filing:
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	nt's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
ille	Sour day after the record is filed.
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Typed or printed name of signee

Filing Fee: \$25.00