

L19000047230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

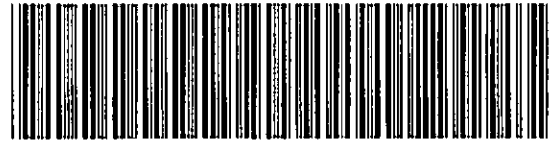
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/30/23--01009--010 \*\*25.00

FILED  
2023  
JAN 31 11 09  
SERIAL  
FALLON, STEPHEN J

A8

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Investment Express LLC  
\_\_\_\_\_  
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:

Abdulsalam Alanesi  
\_\_\_\_\_  
Name of Person

Investment Express LLC  
\_\_\_\_\_  
Firm Company

12938 Garridan Ave  
\_\_\_\_\_  
Address

Windermere, FL 34786  
\_\_\_\_\_  
City/State and Zip Code

sammyalanesi@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

FILED  
2023 JUN 11 09  
TALLAHASSEE, FL  
REGISTRATION SECTION

For further information concerning this matter, please call:

Abdulsalam Alanesi 407 910-8083  
\_\_\_\_\_  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Fadhil A. Ayedh	14511 Dover Forest Dr. Orlando, FL 32828	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing ) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

FILED  
2023  
SEP  
11  
10  
DA