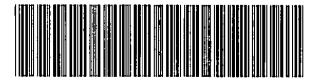
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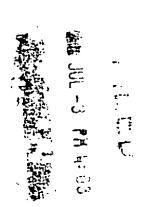
(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	<u>-</u>
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## **COVER LETTER**

TO:	Registration Se Division of Cor			etir
SÜBJI		press Services, LLC	,	<b>**</b> *** ***
30131		Name of Lim	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Magda N Suarez		
			Name of Person	<del></del>
		MSW Express Services, L	LC	
			Firm/Company	
		8880 SW 8th Street Suite i	#442914	
			Address	
		Miami, FL 33144-9998		
		mswexpress@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please ca	all:	
Magda	N Suarez		305 788-8060 at ( )	
	Name o	f Person		Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ S2:	5.00 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

## TO ARTICLES OF ORGANIZATION

M.S.W. Express Services, LLC		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our recorda Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liabilit Florida document number L19000048101		019 and a strigne
This amendment is submitted to amend the following	<b>;</b>	
A. If amending name, enter the new name of the l	limited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		rds, enter the name of th
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		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 wi 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 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

### or removed from our records:

MGR = Manager AMBR = Authorized Member

<u><b>Title</b></u> AR	<u>Name</u> Magda J Nino	Address	Type of Act
		10851 SW 2 Street #K212. Miami, Fl. 33174	■ Remove
			Change
AMBR Winston J Suar	Winston J Suarez	10851 SW 2 Street #K212, Miami, FL. 33174	<b>≌</b> Add
			□ Remove
			Change
·			
			Remove
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	May 6, 2019
ffect	ive date, if other than the date of filing: (optional)
an ef	fective 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 605.0
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
ocun	nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlien : 90th day after the record is filed.
1110	. John day after the record is filed.
ated	Juna 187_ 2019.
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	Maada Siaret
	Magda Syart.

Page 3 of 3

Filing Fee: \$25.00