## L1900005469Z

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## COVER LETTER

Registration Section

Tallahassee, FL 32314

**Division of Corporations** ARTVAL EXPRESS LLC SUBJECT: 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: VEADIMIR MALAL Name of Person ARTVAL EXPRESS LLC Firm/Company 22755 SW 66TH AVE APT 101 Address BOCA RATON, FL 33428 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: VLADIMIR MALAI Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

8 -7 20 2017

If Changing Registered Agent, Signature of New Registered Agent

ARTVAL EXPRESS 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 Com- Florida document number $\frac{L19000054692}{L19000054692}$ .	npany were filed on February	25, 2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	······································	
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	xet address
		, Florida
New Registered Agent's Signature, if changing Registered A	•	Zip Code
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	d agree to act in this capac plete performance of my di it as provided for in Chapta	uties, and I am familiar with and er 605, F.S. Or, if this document is

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>	Address	Type of Action
AR	MARTHA NINO	22755 SW 66TH AVE APT 101	<b>=</b> Add
		BOCA RATON, FL 33428	□Remove
			🗆 Change
			□ Add
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