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To:

Division of Corporations

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Fax Number : (850)617-6383

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 : (305)552-5973 : (305)675-5944 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SALGADO EXPRESS LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SALGADO EXPRESS LLC	Company as it now appears on our r	ecords,)	
(A Florida L	(Company as it now appears on our re Limited Liability Company)	·	
he Articles of Organization for this Limited Liability Company were filed on 03/11/2019		and assigned	
lorida document number L19000067708	 `		
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
he new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation	"LLC" or the abbr	reviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	2021
Principal office address MUST BE A STREET ADDR			
Principal office unaress most big A Gricial ribbio			
			<u> </u>
Enter new mailing address, if applicable:			~
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>	
			·
B. If amending the registered agent and/or registered	d office address on our records,	enter the name	of the new regis
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street	t addres:	
		, Florida	Zip Code

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

MGR = Manager AMBR = Authorized Member

or removed from our records:

<u> Title</u>	Name	Address	Type of Action
AMBR	YAKELYN DIAZ	893 W 80 PL HIALEAH, FL 33014	□Add
			=Remove
			Change
			Change
			[]Add
			□Remove
			□Change
			DAdd
			□Remove
			Change
			bbAdd
			□Remove
	,		□Change

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	(optional)	
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing.	g or more than 90 days after filing.)	Pursuant to 605.020
If an effective date is listed, the date must be specific and cannot be pitol to date of him Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	y filing requirements, this date v	VIII NOT DE 1131CG A
document's effective date on the Department of other visits		
e 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
rd is filed.		
·		
Dated,		
Santiago Salgaci Signature of a member of authorized represe	1.	
Santiago Salgac	to.	

Typed or printed name of signee