

L190000 TO 193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

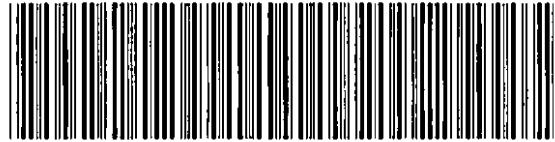
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2024 OCT 28 PM 3:58
ESTATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXPEDITE OBC USA, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ADRIAN BADENJKI

Name of Person

EXPEDITE OBC USA, LLC

Firm/Company

5203 SW 5TH TERRACE

Address

CORAL GABLES, FLORIDA 33134

City/State and Zip Code

abbadenjki@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADRIAN BADENJKI

Name of Person

305 519-7936

at (_____) _____

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EXPEDITE OBC USA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2024 OCT 28 PM 3:54

The Articles of Organization for this Limited Liability Company were filed on MARCH 12, 2019 and assigned
Florida document number L19000070183

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

5203 S.W. 5th Terrace

(Principal office address MUST BE A STREET ADDRESS)

Coral Gables, FL 33134

Enter new mailing address, if applicable:

5203 S.W. 5th Terrace

(Mailing address MAY BE A POST OFFICE BOX)

Coral Gables, FL 33134

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Adrian Badenjki

New Registered Office Address:

5203 S.W. 5th Terrace

Enter Florida street address

Coral Gables

Florida 33134

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.

Adrian T. Badenjki

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 | MOHAMED BADENJKI | 3794 N.E. 166TH STREET | <input type="checkbox"/> Add |
| | | NORTH MIAMI BEACH, FL 33160 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | 850 NORTH MIAMI AVENUE | <input type="checkbox"/> Add |
| | | SUITE 305 W | <input checked="" type="checkbox"/> Remove |
| | | NORTH MIAMI BEACH, FL 33160 | <input type="checkbox"/> Change |
| AMBR | ADRIAN BADENJKI | 5203 S.W. 5th TERRACE | <input checked="" type="checkbox"/> Add |
| | | CORAL GABLES, FLORIDA 33134 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: July 8, 2024 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated July 8, 2024

Adrian T. Badenjki

Signature of a member or authorized representative of a member

ADRIAN BADENJKI

Typed or printed name of signer

Filing Fee: \$25.00

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TO
ARTICLES OF ORGANIZATION
OF**

FILED

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Name of New Registered Agent:

Adrian Badenjki

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Coral Gables

City

Florida 33134

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_ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated July 8 2024

ADRIAN BADENSKI

Filing Fee: \$25.00