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COVER LETTER

SUBJECT:	MKF EXPRESS, LLC		
oobolier.	Name of Lin	nited Liability Company	· -
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARIA KARLA PORTU	ONDO HERNANDEZ	
		Name of Person	
	491 SE 3RD ST	Firm/Company	
	HIALEAH, FL 33	Address 3010	
	MKDAAN67100	City/State and Zip Code @YAHOO.COM	
	E-mail address: (to be used for future annual report notific	ration)
For further information c	oncerning this matter, please ea	all:	
MARIA KARLA PORTUONDO HERNANDEZ		786 616-6029	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
☐ \$25.00 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:

TO:

Registration Section Division of Corporations

> 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

MKF 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 (Florida document number 1.19000174369	Company were filed on	07/05/2044 CRETARY OF STATE
Florida document number 1.19000174369	·	Meering
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company	here:
The new name must be distinguishable and contain the words "Lin	nited Liability Company," th	te designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)		
Dod W Na se sa sa		
Enter new mailing address, if applicable:	- ·	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address <u>lress here</u> :	on our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter F	lorida street address
		. Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registere	d Agent:	
I hereby accept the appointment as registered agent	and agrees to got in this	is converien I from a game to a second of the

eby 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 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>	Address	Type of Action
MGR	MARIA KARLA PORTUONDO HERNANDEZ	491 SE 3RD ST, HIALEAH, FL 33010	
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Typed or printed name of signee

Filing Fee: \$25.00