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PICK-UP	WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Preaple express remaining Company PINEAPPLE EXPRESS REMOVETION LICE
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
STEPHEN LEMVE Name of Person
PINEAPPLE EXPRESS RENCUATION LIC
3440 SE 2NO CT
City/State and Zip Sode PXPLLC @ GMAILLECOM 1E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
STEPLEN LEMILE at 561 6972 4.87 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$ \$\times \text{\$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \$\times \text{\$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on _ Florida document number L1900019 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 "LLC," Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address Florida City

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.

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** STEPHEN LEMILE 3440SE 2NDCT CLALAFLESTY ? ☐ Remove ☐ Change ☐ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change ☐ Add ☐ Remove _□ Change □ Add □ Remove ☐ Change

(optional) t be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 be applicable statutory filing requirements, this date will not be listed as records.
but not an effective time, at 12:01 a.m. on the earlier of
9/27/2014
or or authorized representative of a member
0/1/01/1/

Page 3 of 3

Filing Fee: \$25.00