11/18/2019



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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

Email Address:	2:
	(2) () ()
LLC AMND/RESTATE/COI	RRECT OR M/MG RESIGN
	D EXPRESS LLC
Certificate of Status	0
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Hummingbird Express LLC  (Name of the Limited Liability Company (A Florida Limited Liability Company)	r as it now appears on our re- bility Company)	<del>config.ii NOV 18 म्य</del> 8: 36
The Articles of Organization for this Limited Liability Company w	ere filed on <u>11/1/2019</u>	FALL A and assigned
Florida document number L19000273582		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "	LLC" or the abbreviation "L.L.C."
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 here:		ords, <u>enter the name of the nev</u>
Name of New Registered Agent:		**************************************
New Registered Office Address:	Enter Florida street ac	ldress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office of	performance of my dutie. wided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Lorraine A. Angelil	7901 4TH ST N, STE 300	
		ST. PETERSBURG, FL 33702	□ Remove
			Change
AMBR	Lorraine A. Lorraine	7901 4TH ST N, STE 300	
		ST. PETERSBURG, FL 33702	☐ Remove
			☐ Change
			Remove
			☐ Change
			Add
			□ Remove
			☐ Change
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			Bemove
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Note:	(optional) lective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
ie rei The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	November 18 2019
	Signature of a member or authorized representative of a member
	Morgan Noble  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00