

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **HUMMINGBIRD EXPRESS LLC**

Certificate of Status	0	
Certified Copy	0	
Page Count	04	
Estimated Charge	\$25.00	

C.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hummingbird Express LLC (Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.)					
(A Piorida Limited Liability	Company)					
The Articles of Organization for this Limited Liability Company were f	iled on 11/01/2019 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 liability co	ompany here:					
The new name must be distinguishable and contain the words "Limited Liability Con	spany." the designation "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)						
<u> </u>						
	<u> </u>					
Enter new mailing address, if applicable:	P. 3					
(Mailing address MAY BE A POST OFFICE BOX)						
 -	, ,					
B. If amending the registered agent and/or registered office a	ddress 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					
	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	WILLIAMS, KEOTIS K.	7901 4TH ST N, STE 300	
		ST. PETERSBURG, FL 33702	☑ Remove
			🗅 Change
			☐ Remove
			Change
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			□ Remove
			Change
			🗆 Add
			Remove
			Change

					
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Note: If the	ate, if other than the date of date is listed, the date must be spe- date inserted in this block doe effective date on the Departme	es not meet the applical	o date of filing or more that ble statutory filing requi	(optional) 190 days after filing.) Pursuant to rements, this date will not be	605.0207 listed as
	specifies a delayed effect of the condition is		an effective time,	at 12:01 a.m. on the ea	ırlier o
o _{ated} No	vember 22	2019	_ •		
			nzed representative of a m		

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Typed or printed name of signee

Filing Fee: \$25.00