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Certified Copies	Certificate	es of Status
Special Instructions to Fili	ng Officer:	
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#### **COVER LETTER**

TO: Registration Section Division of Corporations

JALA 2 G0 EXPRESS, LLC

SUBJECT:			Anna Hill I Fill Qt I h
-	Name of Lim	ited Liability Company	<del>- 2828 Jun - 1, 1</del> 11 9: 15
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Erik Lichter		
		Name of Person	
	The Lichter Law Group	. and of , close.	
		Firm/Company	
	5805 Blue Lagoon Drive,	Suic 178	
		Address	
	Miami, FL 33155		
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report r	notification)
For further information co	oncerning this matter, please c	all:	
Erik Lichter		305 894-675	0
		at ()	
Name of	f Person	at () Area Code Day	time Telephone Number
Enclosed is a check for th	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:**

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jala 2 Go Express, LLC

2020 MAY 29 PM 6: 47

( <u>Name of the Limi</u>	ted Liability Company as it no (A Florida Limited Liability Co	ompany) IALLAHASSEE. IL	
The Articles of Organization for this Limited L L19000301008	iability Company were file	December 17, 2019	
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability com	pany here:	
The new name must be distinguishable and contain the v	vords "Limited Liability Compa	ny," the designation "LLC" or the abb	oreviation "L.L.C."
Enter new principal offices address, if applic	able:		
Principal office address MUST BE A STREE	ET ADDRESS)		
		<del></del>	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/or agent and/or the new registered office addre	<u> </u>	on our records, <u>enter the name</u>	of the new regist
Name of New Registered Agent:	Melissa Villegas		41
New Registered Office Address:	11110 SW 25 Court		
Ten Regulated Office Hadress.		Enter Florida street address	<u>.</u>
	Miramar	, Florida	025
	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.

f Changing Hegistered Agent, <u>Signature of New Registered Agent</u>

Page 1 of 3

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
			□Add
			Remove
			□Change
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Effective date, if other fan effective date is listed, to Note: If the date inserted document's effective date.	he date must be speci I in this block does	ific and cannot be prior s not meet the applica	to date of filing or mo able statutory filing		ing.) Pursuant to 605.0207
e record specifies a The 90th day after			t an effective ti	me, at 12:01 a.r	n. on the earlier o
		2020			
May 17					
May 17 Dated	71/104	·	<u> </u>		
·	With	e of a member or autho	rized representative	of a member	