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COVER LETTER

то:	Registration Sec Division of Corp			
		EXPRESS LLC		
SUBJE	CT:	Name of Limit	ed Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please re	eturn all correspor	ndence concerning this matter t	o the following:	
		MARIO D CARRAZANA		
			Name of Person	
		DANISAM EXPRESS LLO		
			Firm/Company	
		2313 W ABDELLA ST		
			Address	
		TAMPA, FI. 33607		
			City/State and Zip Code	
		mcarrazanah90@gmail.com	o be used for future annual repo	and partitional and
				ni moncanni
For furt	her information co	oncerning this matter, please ca	ill:	
MARIO	D D CARRAZAN	A	813 50608	
	Name of	Person	at () Area Code	Daytime Telephone Number
Enclose	ed is a check for th	e following amount:		
\$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	☐ \$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

(Name of the Limited Liability (A Florida)	Company as it now appears on our records.) Limited Liability Company)	
he Articles of Organization for this Limited Liability Co	ompany were filed on 01/13/2020	and assigned
lorida document number 1.20000019864		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ed liability company here:	
		21 N
he new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abb	oreviation L.L.C."
Inter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	: bb : -
<u> Principal office address MUST BE A STREET ADDRI</u>	<u>ESS)</u>	>- >> ; :
	,	
	77 	
Enter new mailing address, if applicable:		σ,
Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or regist egistered agent and/or the new registered office addr		the name of th
egistered agent and/or the new registered office addr	<u> </u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	, Fiorida	Zin 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, 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	MARIO D CARRAZANA	2313 W ABDELA ST TAMPA FL	Add
			Remove
		As manager	■ Change
			🗖 Add
			Remove
			Change
			20 Add
			□ Remôve
			Change 26
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ective date, if other than the date of filing:	(optional)	
effective date is listed, the date must be specific and cannot be prior to date. If the date inserted in this block does not meet the applicable		
ument's effective date on the Department of State's records.	, , , , , , , , , , , , , , , , , , , ,	
record specifies a delayed effective date, but not ar he 90th day after the record is filed.	n effective time, at 12:01 a.m. on the ea	ırlier
ed		
4		

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee