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(Document Number)			
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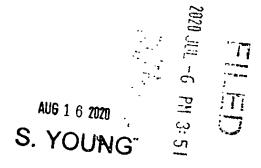


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## **COVER LETTER**

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TO:

Registration Section
Division of Corporations

43 E 183 E 83 C3483	Express LLC	-		
SUBJECT.	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Adrian Turner			
		Name of Person	<del></del>	
	T.E.A.M. Express LLC			
		Firm/Company	<del></del>	
	5214 Via Hacienda Circle	Apt 307		
		Address		
	Orlando FL 32839			
	_	City/State and Zip Code	<del></del>	
	TurnerAdrian303@gmail.co			
	E-mail address: (	to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
Adrian Turner		407 496-8957		
Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	S30.00 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 Addres Registration S		<u>Street Address:</u> Registration Sc	ection	
Division of Corporations		Division of Cor	Division of Corporations	
P.O. Box 632			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T.E.A.M. Express LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{01/15/2020}{1}$ Florida document number 1.20000022061 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 "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 on our records, enter the name of the new registered agent and/or the new registered office address here: Adrian Turner Name of New Registered Agent: 5214 Via Hacienda Circle Apt 307 New Registered Office Address: Enter Florida street address

#### 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.

Orlando

If Changing Registered Agent, Signature of New Registered Agent

\_, Florida 32839 Zip Code 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>	Name	Address	Type of Action
MGR	Adrian Turner	5214 Via Hacienda Circle Apt 307 Orlando FL 32839	) _ <b>≣</b> Add
			□Remove
			□Change
MGR	Tisherneria Vasser	5214 Via Hacienda Circle Apt 307 Orlando FL 32839	) <b>≡</b> Add
			_ □Remove
			□Change
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If an effect Note: 1	re date, if other than the date of filing:
	ord 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.
	Sune 22. 2020.
Dated _	June d. Lolo
	111
	Signature of a member or authorized representative of a member  Adrian Curn &
	· · · · · · · · · · · · · · · · · · ·

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