L20 0000 79593

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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 27, 2021

PATRICE R. PEARSON 10729 STANDING STONE DR WIMAUMA, FL 33598

SUBJECT: PERSONAL EXPRESS ON WHEELS LLC

Ref. Number: L20000079593

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

FOR LETTER A, THE ENTITY NAME OF PATRICE R. PEARSON NEEDS A SUFFIX. SEE LETTER A FOR REFERENCE.

PATRICE R. PEARSON IS NOT LISTED AS AN AUTHORIZED PERSON. PLEASE CHANGE TYPE OF ACTION TO ADD. SEE THE PRINTOUT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

-

Letter Number: 021A00001921

COVER LETTER

Divisio	ation Section n of Corporations	
SUBJECT:	Personal Express on Wheels LLC Name of Limited Liability Company	
The enclosed Ar	ticles of Amendment and fee(s) are submitted for filing.	·
Please return all	correspondence concerning this matter to the following:	
	Patrice R. Pearson Name of Person	
	Firm/Company	
	10729 Standing Stone Dr.	
	Wimaunia FL 33598 City/State and Zip Code PM / Linnon 25 @ yahoo-com E-mail address: (to be used for future annual report notification)	
For further infor	mation concerning this matter, please call:	
Patrice	Name of Person $at \frac{(813)}{\text{Area Code}} = \frac{273 - 28}{\text{Daytime Telephone Number}}$	
Enclosed is a che	eck for the following amount:	
\$25.00 Filin	g Fee \$\Bigcup \setminus 30.00 \text{ Filing Fee & B60.00 \text{ Filing Fee & Certificate of Status} \text{ Certified Copy (additional copy is enclosed)} \text{ Certified Copy (additional copy is enclosed)} \text{ Certified Copy (additional copy is enclosed)}	itus &

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

(Name of the Limite	d Liability Compai A Florida Limited L	ny as it now appo iability Company	ears on our	records.)	
The Articles of Organization for this Limited Lia Florida document number <u>L 20000795</u>	ability Company	were filed on _	March	1 11, 2020	and assigned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabi	lity company	<u>here</u> :		
The new name must be distinguishable and contain the wo				on term such such	Laurinting of 1 C''
The new name must be distinguishable and contain the we	oras Timitea Liaou		_		_
Enter new principal offices address, if applica	ıble:	10729.	Stanc	ling Sto	nE DR
(Principal office address MUST BE A STREET	(ADDRESS)	Mim	<u>uum c</u>	i, Fi	33598
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u>30X)</u>				710 FE.
					22
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office a here:	ddress on our	records,	enter the name	e of the new registered
Name of New Registered Agent: New Registered Office Address:	PATRI	ICE STAND	R. SING	PEARSO STONE	N = DQ
	Wimai		lorida street	address , Florida	33598 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; enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member Address Type of Action Title Name AMBR Patrice R. Pearson 10729 Standing Stone Made Dr Wimauma FL DRemove 33598 □Change Latrice Walker a 2542 Lynn Lake Cir DAdd AMBR South. Bld #5 [Kemove St. Petersburg FL. 33712 Change Ambr DU Anique Woods 10729 Standing Stone dr DAdd Wimauma, FL 33598 Decemove ______ □Change Robert F. Pearson 10729 Standing Stone dr add AMBR Wimauma, FL 3.3598 Avernove □ Change **□**Remove

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	15.
ive date, if other than the date of filing: fective date is listed, the date must be specific and cannot be prior. If the date inserted in this block does not meet the application of the date on the Department of State's records.	able statutory filing requirements, this date will not be lis
rd specifies a delayed effective date, but not an effective ti- led.	
F&bruary 19 2021 Patrice Par	·
Value Va	orized representative of a member
Signature of a member or author	orized representative of a member