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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies Certificates of Status		
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

CAVALEX	CPRESS LLC *	•	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Katherine Michel Valdes		
		Name of Person	
	CAVAL EXPRESS LLC		
		Firm/Company	<del> </del>
	13828 Guildhall Circle		
	<del> </del>	Address	
	Orlando, Florida 32828		
		City/State and Zip Code	
	cavalexpress@gmail.com	to be used for future annual report no	3:(F*)
For further information co	oncerning this matter, please c	·	meanony
Katherine Michel Valdes		407 437 5744	
Name of	f Person	at () Area Code Daytii	me 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 S		Street Address: Registration S	ection
Division of C		Division of Co	
P.O. Box 632	•	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAVAL EXPRESS LLC			
(Name of the Limi	ted Liability Company as it now ap (A Florida Limited Liability Compar	pears on our records.)	72
The Articles of Organization for this Limited L	iability Company were filed on	March 31, 2020	and assigned
Florida document number 1.2000093704			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company	: here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(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	**	r records, enter the	name of the new registere
agent and/or the new registered office addre	ess nere:		
Name of New Registered Agent:	Katherine Michel Valdes	······	
New Registered Office Address:	13828 Guildhall Circle		
	Enter	Florida street address	
	Orlando	, Florid	a 32828
	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.

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>	<u>Address</u>	Type of Action
MGR	Jesus Adrian Cavazos	13828 Guildhall Circle	
		Orlando, Florida 32828	
			☐ Change
MGR	Katherine Michel Valdes	13828 Guildhall Circle	≘Add
		Orlando, Florida 32828	□Remove
			□Change
		<del>.</del>	□Add
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ffective date, if other an effective date is listed, to lote:  If the date inserted ocument's effective date.	in this block does	not meet the app	dicable statutory	or more than 90 da filing requiremen	(optional) ys after filing.) Pursu nts, this date will no	ant to 605.0207 of be listed as
record specifies a delayon is filed.	ed effective date, be	ut not an effectiv	e time, at 12:01 a	a.m. on the earlier	of: (b) The 90th	day after the
June 18		2020	·			
			\ \\\			
	Signature	e of a member or a	niforwed represen	tative of a member		· · · · ·