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## **COVER LETTER**

Registration Section

TO:

**Division of Corporations** SAINT LAZARUS EXPRESS LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ALAN MARTINEZ Name of Person SIMPLEX GROUP Firm/Company 7500 NW 52ND ST STE 100 Address MIAMI, FL 33166 City/State and Zip Code processingpermits@simplexgroup.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 599-8287 ALAN MARTINEZ / SIMPLEX GROUP 305 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee. ☐ \$55.00 Filing Fee & ☐ \$30.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed). (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAINT LAZARUS EXPRESS LLC

(Name of the Limited Liability Com (A Florida Limite	pany as it now appea d Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Compar Florida document number $\frac{1.20000114061}{1.0000114061}$ .	ny were filed on	4/27/2020	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ibility company h	<u>ere</u> :		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the	designation "LLC" or the abbi	reviation "L.L.C."	
Enter new principal offices address, if applicable:			<u>.</u>	
(Principal office address MUST BE A STREET ADDRESS)			36	
			76.0 HAY 1.1	
			~	
Enter new mailing address, if applicable:			<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)			PH 2: 13	
			<del></del>	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:  Name of New Registered Agent:	e address on our	records, <u>enter the name</u>	of the new registered	
New Registered Office Address:	Enter Flo	orida sireet address	<del></del>	
	El 11			
	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agen	<u>1t:</u>			
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi company has been notified in writing of this change.	te performance o s provided for in	f my duties, and I am fa Chapter 605, F.S. Or, i,	miliar with and f this document is	
Tr Cl	hanging Registered A	gent, Signature of New Regi	stered 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
AMBR	CHAVIANO, FLOR	9321 SW 57TH TER	■Add
		MIAMI, FL 33173	□Remove
			□Change
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