## L20 000 166 298

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	<del> </del>
Centified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





500393947675

09/08/22--01028--003 \*\*25.70

FILED

2022 SEP -6 PH 3: 02

SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Se Division of Cor		·	•
FLO Expre			
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Neil Florin		
		Name of Person	_
	FLO Express LLC		
		Firm/Company	-
	3215 NE 207th Terrace		
		Address	-
	Aventura/Florida 33180		
		-	
	neilflorin@gmail.com	(to be used for future annual report notification)	77.1
For further information of	concerning this matter, please c		2022 SEP -6 SECRETARY TALLAHA
Neil Florin		305 7882773	(0)
Name o	of Person	Area Code Daytime Telephone Numbe	PH 3: 02  GFISTATE SEEL FL
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ate of Status &
<u>Mailing Addre</u> Registration		Street Address: Registration Section	
Division of (	Corporations	Division of Corporations	

Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314 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

FLO Express LLC	_	
( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on ou imited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Co.	mpany were filed on 6/16/2020	and assigned
Florida document number L20000166298	<u>.</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		2022 S SECRI
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records	s, enter the name of the new register
Name of New Registered Agent:		SSO P III
New Registered Office Address:	Enter Florida stre	eet address
	City	, Florida 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 addedor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Marney Florin	3215 NE 207th Terrace	<b>≡</b> Add
		Aventura, Florida 33180	□Remove
			□Change
			□Remove
			□ Change
			□Add
			2002 SEP 6 PH
			SSEE STATE Remove
			☐ Change
	<u> </u>		□Add
			Change
			Remove
			□Change

		<del></del>					<del>_</del>
		<u></u>					
					. <u> </u>		
	<u></u> -			<u> </u>			
	<u>-</u>	<del> </del>		<u>.</u>			<del></del>
	<u></u>	<del></del>		· <del>-</del>	<u> </u>		
					_		
				<del></del> -	7.0	2022	
		<del> </del>	·		<u> </u>	3	7
					TARY AHAS	9 <del>-</del> 6	C2222
		<del></del>	<u> </u>		Sign	<del>- 32</del> -	2 martin 2
					Ti Ci	ယ္	
	<u> </u>			<u>-</u>	Fi	02	
fective date, if other than the on effective date is listed, the date must ote: If the date inserted in this blo cument's effective date on the Detective date of the Detective	ck does not meet partment of State	the applicable's records.	e statutory fil	ing requirement	optional) after filing.) P s, this date w	ursuant t	e listed a
ated 8/30		022	•				
	Signature of a men						