## L20000167144

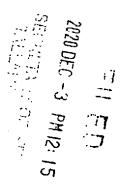
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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
	ERVICES EXPRESS LLC	•	-
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LUIS ARTURO MORENO	) MANCERA	
		Name of Person	
	UNITED SERVICES EXF	PRESS LLC	
		Firm/Company	
	3520 NW 85TH WAY BL	DG 12 APT 308	
		Address	
	SUNRISE, FL 33351		
	turomorenom@gmail.com	City/State and Zip Code	
		to be used for future annual report notifica	tion)
For further information c	oncerning this matter, please c	all:	
LUIS ARTURO MORE	NO MANCERA	786 2533953	
Name o	f Person		elephone Number
Enclosed is a check for the	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)
<u>Mailing Addres</u> Registration (		Street Address: Registration Section	on
Division of C	Corporations	Division of Corpo	rations
P.O. Box 632 Tallahassee, l		The Centre of Tall 2415 N. Monroe S Tallahassee, FL 32	Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNITED SERVICES EXPRESS LLC

(Name of the Limited Liability Coπ (A Florida Limite	npany as it now appears on our recorded Liability Company)	rds.)
The Articles of Organization for this Limited Liability Compa Florida document number L20000167144	ny were filed on 06/16/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		s 20
(Principal office address MUST BE A STREET ADDRESS)		20 0
		٠
Enter new mailing address, if applicable:		o g in
(Mailing address MAY BE A POST OFFICE BOX)		25
		<u></u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	ce address on our records, <u>ente</u> Enter Florida street addr	
	Florida	
	City	lorida Zip Code
New Registered Agent's Signature, if changing Registered Agen	nt:	
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.	ete performance of my duties, a ss provided for in Chapter 605	and I am familiar with and , F.S. Or, if this document is

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>	Address	Type of Action
MGR	RUBIANO RUIZ, WILSON	3520 NW 85TH WAY BLDG 12 APT 308 SUNRISE	i. □Add
			ERemove
			_ □Change
			_ 🗆 Add
			_ DRemove
			_ 🗆 Change
	<del></del>		_ □Add
			_ □Remove
		<del> </del>	_ DChange
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an eff l <u>ote:</u>	ive date, if other than the date of filing:  (optional)  ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a sent's effective date on the Department of State's records.
recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ated	Nov. 30. 2020  Signature of a member or authorized representative of a member
	Name of the same and the produced community of the same and the same a
	Luis Arturo Morero M.

Filing Fee: \$25.00