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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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Special Instructions to	Filing Officer:	

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OCT 27 2020

COVER LETTER

Registration Section

Tallahassee, FL 32314

· TO:

Division of Cor	porations			
SUBJECT:	· FMP Name of Lim	EXPress [Cited 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:		
	Fri	+Znel Pierre		
	F	MP EXPRESS LLC Firm/Company	· · · · · · · · · · · · · · · · · · ·	
	3612	2 Landon Dem	J BIVD	
	PICHE	City/State and Zip Code Code	D. C. T.	€.
=	oncerning this matter, please co	aff;	•	
Fritznel Name o	Pierre. Person	at (407) — 607 Area Code Daytim	- 1089 e Telephone Number	
Enclosed is a check for th	ne following amount:			
W \$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 Addres Registration S Division of C	Section orporations	<u>Street Address:</u> Registration Se Division of Cor	porations	
P.O. Box 632	7	The Centre of I	'allahassee	

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number 12000 1952 14	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "L.L.C" 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)	
0	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zin 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, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address 10 21 1 0:09	Type of Action
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		orknob, Fl, 32808	_ KRemove
			□Change
MGB	Pierre fritznel	3612 londonderry Blud	□Add
		orlando, F1, 32808	_ [ZRemove
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ective date, if other than the date of effective date is listed, the date must be speci If the date inserted in this block does unent's effective date on the Departmen	s not meet the applicable s	(opt e of filing or more than 90 days afte statutory filing requirements, th	ional) or tiling.) Pursuant to 605.00 is date will not be listed
ord specifies a delayed effective date, b filed.	ut not an effective time, a	t 12:01 a.m. on the earlier of: (b) The 90th day after the
d SEPTEMBER 16,	<u>2020</u> .		
•	Fritzhel Pa		