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COVER LETTER

TO:

Registration Section Division of Corporations

Mailing Address: Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee El 32314

SUBJECT: EVINGS EXPVESS TVANSON HOTON SEVVICES LIC 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:
Natacha Ilarion Name of Person
Firm/Company
9821 NW and Ave # 433
Micani Gardens, FL 33169
City/State and Zip Code NCHOCNATHER MITUSE (JONOD: CIM 1:-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (784) 489-3400 Daytime Telephone Number
Enclosed is a check for the following amount:
\$25,00 Filing Fee \$\Bigcup \$30,00 Filing Fee & \Bigcup \$55,00 Filing Fee & \Bigcup \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \$60,00 Filing Fee, Certified Copy (additional copy is enclosed)

Street Address: Registration Section

Division of Corporations

The Centre of Tallahassee

2415 N. Monroe Street, Suita 210

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 1-23Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

f 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 = Ma AMBR = Au	anager uthorized Member			
<u>Title</u>	Name	Address	21 SEP 15 PH 3: 14	Type of Action
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		Michail	wand Ave. #433 Crivatens Fl 33/69	Remove
	Ilalia Ti	1982111	w. and A18, # 433	Change
Mar	Natacha I Lavion	Hamie	curcleus, Fl 33169	Add
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- Effecti	ve date, if other than the date of filing: (optional)
(If an effe Note:	ive date, if other than the date of filing:
f the record	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.
Dated _	9-10- , 2021
	Hatalia Clanon Signature of a member or authorized representative of a member
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DIL. D. CAROL