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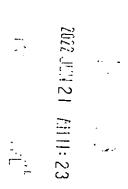
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## **COVER LETTER**

TO: Registration Section

Divi	ision of Corp	porations		2 W
	GIRALDO	EXPRESS LLC	• •	· •
SUBJECT:	<del></del>	Name of Limi	ted Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	nitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
i		GIRALDO AMADOR		
			Name of Person	
<u>:</u>		GIRALDO EXPRESS LLO		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		7964 STRADA DR		
<u>'</u> !			Address	
}		ORLANDO, FL 32822		
			City/State and Zip Code	
		ITSUBIS8@GMAIL.COM		
		E-mail address: (	to be used for future annual report no	otification)
For further in	nformation co	oncerning this matter, please co	nll:	
GIRALDO A	AMADOR		786 532-3861	
	Name o	f Person		ime Telephone Number
Enclosed is a	a check for th	ne following amount:		
<b>■</b> \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
1				
Re Di P.C	D. Box 632	Section Corporations 17	Street Address: Registration S Division of C The Centre of	orporations f Tallahassee
! Ta	Hahassee, I	FL 32314	2415 N. Mon Tallahassee, I	roe Street, Suite 810 FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GIRALDO EXPRESS LLC

2022 JUH 21 AHTH: 23

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{07/27/2020}{1}$ Florida document number L20000221054 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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: N/A 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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_, Florida \_\_\_

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
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n effective date is listed, the date must te: If the date inserted in this blo-	ck does not meet the a	pplicable statutory filin		
cument's effective date on the Dep	partment of State's rec	ords.		
ecord specifies a delayed effective is filed.	date, but not an effect	ive time, at 12:01 a.m.	on the earlier of: (b) The	90th day after the
JUNE 08	2022			
		·		
				71
	Oraldo Signature of a member or	· amadon	Vacavec	DOW.