120000262404

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	: #)
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OCT 23 2020 S. YOUNG

COVER LETTER

TO: Registration S Division of Co					
W J EXPR	RESS LLC				
SUBJECT: Name of Limited Liability Company Name of Limited Liability Company					
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.				
Please return all correspondent	condence concerning this matter to the following:				
	WILOX ULYSSE				
	Name of Person				
	W J EXPRESS LLC				
	Firn\/Company				
	14500 SW 280TH STREET APT 204				
	Address				
	HOMESTEAD,FL 33032				
	City/State and Zip Code				
	33032				
	E-mail address: (to be used for future annual report notification)				
For further information of	concerning this matter, please call:				
WILOX ULYSSE	786 3126818 at ()				
Name o	of Person Area Code Daytime Telephone Number				
Enclosed is a check for t	the following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)				

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

W J EXPRESS LLC (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 $\frac{08/24/2020}{1}$ Florida document number L20000262404 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 "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: N/A (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: WILOX ULYSSE Name of New Registered Agent: 14500 SW 288TH STREET APT 204 New Registered Office Address: Enter Florida street address , Florida 33032 Zip Code HOMESTEAD

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

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>	Name	Address	Type of Action
AMBR	WILOX ULYSSE	14500 SW 288TH STREET APT 204 HOMESTEAL	F ■Abd
			□Remove
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effective date is listed, the date must be specific and cannot be price	or to date of filing or more than 90 days after filing.) Pursuant to 605.03
If the date inserted in this block does not meet the appl iment's effective date on the Department of State's record	licable statutory filing requirements, this date will not be listed
ord 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
filed.	, , , , , , , , , , , , , , , , , , ,
SUPPLIANTED OF THE STATE OF THE	
d SEPTEMBER 09 . 2020	·
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Typed or printed name of signee