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(Requestor's Name)	
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PICK-UP	WAIT [MAIL
(Business Entity Name)	
(Requestor's Name) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
Certified Copies	Certificates of St	atus
Special Instructions	to Filing Officer:	

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COVER LETTER

TO: Registration Sec Division of Corp	ction porations			
		SS MAINTENANCE LLC		
SUBJECT:	Name of Limi	ed Liability Company		
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspo	ndence concerning this matter t	o the following:		
		JESSY PIERRE		
		Name of Person		
	DETAILED	X-PRESS MAINTENANCE LLC		
		Firm/Company	** **	
	560	0 nw 12th ave suite 305		
		Address		
		Fort Lauderdale, FL		
		City/State and Zip Code		
		jessyp136@gmail.com		
		o be used for future annual report notifies	ition)	
For further information c	oncerning this matter, please co	all:		
JESSY PIERRE		561 5636263		
Name o	f Person		clephone Number	0
Enclosed is a check for the	he following amount:			•
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status Certified Copy (additional copy is encloy	& ; ; (cd) ;
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Section Division of Corpo The Centre of Tall	on orations	
Tallahassee, l		2415 N. Monroe S		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ED X-PRESS MAIN				
(Name of the Limi	ited Liability Compan (A Florida Limited Li	y as it now appears on ability Company)	onr records.)		
The Articles of Organization for this Limited L	Liability Company w	vere filed on	2020	and as	signed
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name of	of the limited liabil	ity company here:			
he new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the design	nation "LLC" or the	abbreviation "l.	.L.C."
Enter new principal offices address, if appli	cable:	5600 nw 12th ave su	rite 305 Fort Lau	derdale, FL	
Principal office address MUST BE A STREI	ET ADDRESS)				
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	: BOX)	56(X) nw 12th ave su	nite 305 Fort La	uderdale, FL	
B. If amending the registered agent and/or agent and/or the new registered office addre	.,	ddress on our recor	ds, <u>enter the na</u>	ime of the ne	w regis
Name of New Registered Agent:	JESSY PIERRE			.つ	
New Registered Office Address:	2500 NE 182ND				<u>;</u>
		Enter Florida s		2	
	NORTH MIAM		, Florida _	33160	
		City		Zip 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, 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
AMBR	JESSY PIERRE	5600 nw 12th ave suite 305 Fort Lauderdale, FL	= Add
			□Remove
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			□Remove

cective date, if other than the date of filing: (optional) (opti	*	<u> </u>				_
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Filing Fee: \$25.00