## L2000381379

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

Office Use Only



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C. GOLDEN 00T 1 4 2020

## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 10/13/2020	**WALK IN	[##
ENTITY NAME SECUR	ED EXPRESS LLC	
		<b></b> ,
DOCUMENT NUMBER_		_
	**PLEASE FILE THE ATTACHED AND RETURN**	
XXXX	Plain Copy	
	Certified Copy	
	Certificate of Status	
**#	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments  Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINAT	ON CONTRACTOR OF THE PROPERTY	
NUMBER OF CERTIFICAT	ES REQUESTED	
TOTAL OWED \$25.00	ACCOUNT #: I20160000072	-
Please call Tina at th	c above number for any issues or concerns. Thank you so much!	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

11 1110:1.16 Secured 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  $\frac{09-09-2020}{2}$ \_\_\_\_\_ and assigned Florida document number 1.20000281879 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 jamiliar 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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Carlos Duclos	2507 East 31st Avenue	<b> </b> _ <b> </b>
		Tampa. FL 33610	
AMBR	Michael Duclos	2507 East 31st Avenue	
		Tampa, FL 33610	
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E. Effective date, if other than the (If an effective date is listed, the date in Note). If the date inserted in this document's effective date on the	me date of filing:  must be specific and cannot be prior to date of filing or more than 90 oblock does not meet the applicable statutory filing requirem Department of State's records.	(optional) days after filing.) Pursuant to 605,0207 (3)() ents, this date will not be listed as the
If the record specifies a delayed (b) The 90th day after the re	ed effective date, but not an effective time, at 1 ecord is filed.	.2:01 a.m. on the earlier of:
Dated 09-13	2020	
/s/ Michael I	Duclos	
	Signature of a member or authorized representative of a membe	r
Michael Duclos		
	Typed or printed name of signee	

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Filing Fee: \$25.00