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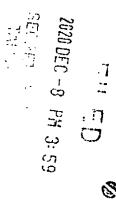
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COVER LETTER

то:	Registration Sec Division of Corp		- · · · · · · · · · · · · · · · · · · ·	
SUBJE	OM Express	s Permits		
SUDJE		Name of Limi	ited Liability Company	
The end	closed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		Zuejase Rodriguez		
			Name of Person	
			Firm/Company	
		6790 NW 186 ST #318A		
			Address	
		Hialeah, FL 33015		
			City/State and Zip Code	
		info@omexpresspermits.cor		
		E-mail address: (t	o be used for future annual report notif	ication)
For furt	her information co	ncerning this matter, please ca	ilt:	
Zuejase	e Rodriguez		786 714-4295 at ()	
	Name of	Person	at () Area Code Daytime	: Telephone Number
Enclose	ed is a check for the	e following amount:		
□ \$25	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & 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 TO ARTICLES OF ORGANIZATION OF

OM Express Permits, 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 09/22/2020 and assigned Florida document number $\underline{1.20000297871}$ 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." 6790 NW 186 ST #318A Enter new principal offices address, if applicable: Hialeah, FL 33015 (Principal office address MUST BE A STREET ADDRESS) 6790 NW 186 ST #318A Enter new mailing address, if applicable: Hialeah, FL 33015 (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.

City

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
MGR	PEREIRA, BARBARITA	6555 OLD LAKE WILSON RD LOT 79	□Add
		DAVENPORT, FL 33896	■Remove
			□Change
			□Add
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			□Add
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o is theu,	a delayed effective d	date, but not an ef	ffective time, a	t 12:01 a.m. on	the earlier of: (b) The 90th	day after the
Dated 1Z	102	. 2	2020				
		ML					
	Siį	gnature of a member	er or authorized	representative of	a member		

Filing Fee: \$25.00