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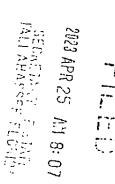
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A. RIVERS
JUN 1 2 2023

## **COVER LETTER**

TO: Registration So Division of Cou			
KPS XPRI	ESS, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Christopher Penrier		
		Name of Person	
	KPS XPRESS, LLC		
	<del> •</del>	Firm/Company	
	4733 NW 82nd avenue		
		Address	
	Lauderhill, FL 33351		
	KPS.Xpress@gmail.com	City/State and Zip Code	
For further information of	E-mail address: ( concerning this matter, please c	to be used for future annual report r all:	otification)
Christopher Penrier		786 2520886	
Name o	of Person	at () Area Code Day	time Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 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)
<u>Mailing Addres</u> Registration		Street Address: Registration 5	
Division of C	Corporations	Division of C	Corporations
P.O. Box 632	27	The Centre o	f Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KPS XPRESS, LLC						
(Name of the Limited (A	Liability Company as i Florida Limited Liabilit	it now appo y Company	ars on our records.)			
The Articles of Organization for this Limited Liab Florida document number 1,20000299256				aı	nd assig	ned
This amendment is submitted to amend the follow	ring:					
A. If amending name, enter the new name of the	he limited liability c	ompany	here:			
The new name must be distinguishable and contain the word	ds "Limited Liability Co	mpany," the	e designation "LLC" or th	ie abbreviat	ion "L.L.(	<del>c."</del>
Enter new principal offices address, if applicab	ole:		<del> </del>	<del></del>		
(Principal office address MUST BE A STREET	<u> ADDRESS)</u>					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>			<u> </u>	2023	
					APR	<u>-5)</u>
B. If amending the registered agent and/or reg	istered office addre	ess on out	records, enter the r	name of th	ie new i	register
agent and/or the new registered office address					A1 8:	C
Name of New Registered Agent:				٠٠٠ يَرَ	07	
New Registered Office Address:		Enter F	lorida strect address			
		imer i				
		itv.	, Florida	7:0	Code	
	ι,	. 4 4 4		7.117	/\dt	

## 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 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	Stacyarm Hunter	4733 NW 82ml Avenue, Lauderhill FL 33351	<b>=</b> Add
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`an effec <u>Vote:</u> T	tive date, if other than the date of filing:  [Tective date is listed, the date must be specific and cannot be prior to date of filing or more.] If the date inserted in this block does not meet the applicable statutory filing them?'s effective date on the Department of State's records.	(optional) e than 90 days after filing.) Pursuant to 605.0207 requirements, this date will not be listed as
record Lis file	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on ited.	the earlier of: (b) The 90th day after the
	April 16 2023	
ated _	(21/2)	
Pated _	Signature of a member or authorized representative of	a member

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