LZ0000377889

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



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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: Medco Exp	ress LLC		
	Name of Limi	ted Liability Company	
	nendment and fee(s) are subr		
•	Stanley Blanc		
	- Ciamey Siame	Name of Person	
	Medco Express LLC		
		Firm/Company	
	4103 Emilio Lane		
		Address	
	Jacksonville FL 32226	Civil Control of the Control	
	medcoexpress20@gmail.c	City/State and Zip Code	
		o be used for future annual report notific	cation)
For further information con	cerning this matter, please ca	ill:	
Stanley Blanc		at (154) 245 ()345
Name of P	erson	Area Code Daytime	Telephone Number
Enclosed is a check for the	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)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT

TO I

2028 DEC 22 PM 1: 06

Medco Express LLC		·	SECOND STATE
(Name of the Limi	ted Liability Compa (A Florida Limited)	<u>iny as it now appears</u> Liability Company)	on our records.
The Articles of Organization for this Limited I. Florida document number L20000377889	iability Company	were filed on No	Vember 15th 2020 and assigned
This amendment is submitted to amend the following			
	•		
A. If amending name, enter the new name of	o <u>f the limited liab</u>	ility company her	<u>re</u> :
The new name must be distinguishable and contain the	words "Limited Liabi	fity Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		7901 4th St N	
		STE 300	
		St. Petersburg	FL 33702
Enter new mailing address, if applicable:		7901 4th St N	1
(Mailing address MAY BE A POST OFFICE BOX)		STE 300	
		St. Petersburg	FL 33702
B. If amending the registered agent and registered agent and/or the new registered of			our records, enter the name of the new
Name of New Registered Agent:	Registered	Agents Inc.	
New Registered Office Address:	7901 4th S	t N STE 300	
		Enter Flori	da street address
	St. Petersb	urg	Florida 33702
		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	g Authorized Person(s) authorized to m	anage, enter the title, name, and address of each person being added
or removed MGR = M	from our records:	
	authorized Member	2020 DFC 32
<u>Title</u>	<u>Name</u>	Address SEC. Type of Action
MGR	Stanley Blanc	Address 4103 Emilio Lane Type of Action Tacksonville, FL 32226
		Change
		□ Remove
		Change
		Remove
		Change
		_ _ Add
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		Remove
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	2020 DEC 22 PM 1: 06
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ctive date, if other than the date of filing	: (optional) cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0.
If the date inserted in this block does not m	eet the applicable statutory filing requirements, this date will not be listed
ment's effective date on the Department of St	ate's records.
ecord specifies a delayed effective da	ate, but not an effective time, at 12:01 a.m. on the earlier
e 90th day after the record is filed.	
a December 16th.	2020
	2
Signature of art	tember or authorized representative of a member
· · · · · · · · · · · · · · · · · · ·	

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Filing Fee: \$25.00