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## **COVER LETTER**

TO: Registration So Division of Cor			
Orange St	ate Express LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	_	
	Vladislav Pachin		
	<del></del>	Name of Person	<del></del>
	Orange State Express L	LC	Code  Innual report notification)  6133004  Daytime Telephone Number  See See See Certificate of Status & Certificate of Status & Certificate Opy (additional copy is enclosed)  Seet Address:  Gistration Section
		Firm/Company	
	3350 NE 192nd st apt 5	9	
	<del></del>	Address	
	Miami/Florida 33180		
		City/State and Zip Code	
	jinoguru@icloud.com		
For further information of	E-mail address: ( concerning this matter, please c	·	ification)
Vladislav Pachin		786 6133004	
Name c	f Person	Area Code Daytin	ne 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)	Certificate of Status & Certified Copy
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632 Tallahassee,		The Centre of	Fallahassee oe Street, Suite 810
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our reco nted Liability Company)	<u>rds.</u> )
The Articles of Organization for this Limited Liability Comp	pany were filed on	and assigned
Florida document number		
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 I	Liability Company," the designation "Ll	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2
(Principal office address MUST BE A STREET ADDRESS	<u>S)</u>	)201
		28
Enter new mailing address, if applicable:		P
(Mailing address MAY BE A POST OFFICE BOX)		——————————————————————————————————————
		ယ
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>ente</u>	er the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ress
	,,	Florida
	City	Zip Code

vereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the exisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and exept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ag filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability apany 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>	<u>Name</u>	Address	Type of Action
AMBR	Vladislav Pachin	3350 NE 192nd ST	<b>■</b> Add
		apartment 5G	□Remove
		Miami, Florida, 33180	□Change
			□Add
			Bmove
			ECCOMPANDE FOR THE DECEMBER OF
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			LIRe <del>mo</del> ve
			□Remove
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ffective date, if other than the can effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the De	ck does not meet th	ie applicable	ate of filing or n statutory filir	ore than 90 days g requirements	optional) after filing.) P s, this date wi	ursuant to (	505.020 isted as
record specifies a delayed effective is filed.	date, but not an eff	ective time,	at 12:01 a.m.	on the earlier (	of: (b) The S	)0th day a	fter the
December, 18	<del></del>	<u>:0                                    </u>					
alcu							
Mara	W/ Signature of a membe						

Filing Fee: \$25.00