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Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L21000010259

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((H22000156389 3))



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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : BURNS LAW OFFICES, P.A.
Account Number : 120140000036
Phone : (305)733-8223
Fax Number : (866)883-7019

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APPROVED AND FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FENTY EXPRESS, LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2022 MAY -3 PM 3:02

C. BRUMBLEY
MAY - 4 2022

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Corporate Filing Menu

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DocuSign Envelope ID: E4B6F000-8F17-4897-94ED-76D8DD2168B5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FENTY 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 01/12/2021 and assigned Florida document number L21000010259

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 "L.L.C." or the abbreviation "L.L.C."

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)

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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: SRINI NELLURI

New Registered Office Address:

Enter Florida street address

City, Florida 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.

DocuSigned by: N. Sainivasa Rao Signature of New Registered Agent

DocuSign Envelope ID: E486F000-8F17-4897-94ED-76D8DD2168B5

Whenever authorized person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H22000156389 3)))

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	Marvin Freddy Fenty Leonard	10330 SW 7TH TER	<input type="checkbox"/> Add
		MIAMI, FL 33174	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	SRINI NELLURI	7817 ARBOR CREEK DRIVE	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33647	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

