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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CLARA GIRALDO ENROLLED AGENT

Account Number : I19990000017

Phone

: (305)485-9300 Fax Number : (305)485-1098

\*\*Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.\*\*

Email Address:

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

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Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

FENTY EXPRESS, LLC.  (Name of the Limited Liability Com	npany as it now appears on our records.) ad Liability Company)	
(A Fiorida Limite	d Liability Company)	•
The Articles of Organization for this Limited Liability Compar	ny 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 lia	ability company here:	
he new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if ar "cable:	N/A	" A C
Principal office address MUST BE A ST ET ADDRESS)		
		1,
nter new mailing address, if applicable:	N/A	
Mailing address MAY BE A POST OFFICE BOX)	^ <u>-</u>	.E
·		
<ol> <li>If amending the registered agent and/or registered office gent and/or the new registered office address here:</li> </ol>	address on our records, enter the na	ime of the new regist
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enser Florida street address	
	, Florida	
ew Registered Agent's Signature, if changing Registered Agent	City	Zip Code

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.

☐ 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
MBR	MARVIN FREDDY, FENTY L	10330 SW 7TH TER	OAdd
		MIAMI, FL 33174	<b>≅</b> Remove
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			□ Add
			Change
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N/A		
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		7.0
ctive date, if other than	the date of filing:	(optional)
effective date is listed, the date	must be specific and cannot be prior to date of filing of block does not meet the applicable statutory fi	or more than 90 days after filling \ Purrouses to 605 02
ment's effective date on the	Department of State's records.	ining requirements, this date with not be listed :
ord specifies a delayed effec	ctive date, but not an effective time, at 12:01 a.r.	m, on the earlier of: (b) The 90th day after th
filed.		
d	2022	
d		
	March	
<del></del>	Signature of a member or authorized representati	ive of a member