L21000023347

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COVER LETTER

TO:	Registration Se Division of Cor			
CHDI	Nina Expres	ss LLC	•	*
SUBJ	ECI:	Name of Lin	nited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		KARIM ALI		
			Name of Person	
		NINA EXPRESS LLC		
			Firm/Company	
		17555 NW 29TH PLACE		
			Address	· · · · · · · · · · · · · · · · · · ·
		MIAMI GARDENS, FL 3.	3056	
		KKQ19 E-mail address:	City/State and Zip Code 23 D Cloud . C to be used for future annual report no	OM tification)
For fu	rther information c	oncerning this matter, please c	all:	
KARI	M ALI		470 825-2874	
	Name o	f Person		ne Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ \$ 2	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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

NINA EXPRESS LLC

2022 HAR -4 AH 11: 15

(Name of the Limited Liability Company as it now appears on our records BECRE MARY OF STATE The Articles of Organization for this Limited Liability Company were filed on 01/08/2021 and assigned Florida document number L21000022347 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 "LLC" 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) 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: New Registered Office Address: Enter Florida street address __, Florida ___ City 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>	<u>Name</u>	Address	Type of Action
MGR	KARIM ALI	17555 NW 29TH PLACE	
		MIAMI GARDENS, FL 33056	
OWNER	KARIM ALI		□ Change
		17555 NW 29TH PLACE	
		MIAMI GARDENS. FL 33056	□ Петюче
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ective date, if other than the effective date is listed, the date in tee: If the date inserted in this ument's effective date on the	ust be specific as block does not	nd cannot be prio meet the applic	cable statutory fi	more than 90 days a	p tional) Arer filing.) Pursuant t this date will not b	o 605,020 e listed a
cord specifies a delayed effect s filed.	ive date, but no	ot an effective t	ime, at 12:01 a.r	n, on the earlier of	: (b) The 90th day	after the
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