LZ10000022886

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T. MATTHEWS MAR - 2 2022

COVER LETTER

cuin in car	L & D EXPR	RESS LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please returr	all correspon	dence concerning this matter	to the following:	
		JEAN CHARLES D LERG	Υ	
			Name of Person	
		L & D EXPRESS LLC		
			Firm/Company	
		7030 HIAWASSEE OAK	DR ·	
			Address	
		ORLANDO, FL 32818		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For further i	nformation co	ncerning this matter, please ca	all:	
TEN	al CAA	Kl=r /FRNA	201 - 360 2	2127
VEA	Name of	Person	at (<u>29 </u>) <u>362 - 2</u> Area Code Daytim	e Telephone Number
Enclosed is	a check for the	following amount:		
S25.00)	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 enclose

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

(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 01/08.2021 and assigned Florida document number <u>L21000</u>022886 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

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

_____, Florida ___

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JEAN CHARLES D LEROY	7030 HIAWASSEE OAK DR. ORLANDO FL 32818	_ ≡ Add
			_ □Remove
			_ Change
MGR	LECITANE JOSEPH	7030 HIAWASSEE OAK DR. ORLANDO, FL 32818	8 _ □ Add
			= Remove
			_ Change
			□Add
		***	_ □Remove
			□Change
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			_ 🗆 Remove
			Change

			
			
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ective date, if other than the date (of filing:	(optional)	
		g or more than 90 days after filing.) Pursuant to filing requirements, this date will not be	
cument's effective date on the Departm			
ecord specifies a delayed effective date. is filed.	but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day	atter the
		Notary Public State بينة القرن	of Florida
ted 01/21/2022	,	Salnave Laguerr	re G 216114
	J21	Expires 05:09/202	•
Signate	ure of a member or authorized represer	ntative of a member	
	/		