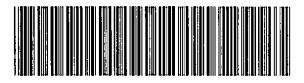
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COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	endence concerning this matter	to the following:		
	SILVER MALO			
		Name of Person		
	NAVY EXPRESS LLC			
		Firm/Company		
	8880 OLD KINGS RD S U	JNIT 135		
	•	Address	·····	
	JACKSONVILLE, FLOR	IDA 32257		
		City/State and Zip Code		
	MALOSILVER@GMAIL.			
	E-mail address: (to be used for future annual report notif	ication)	
For further information e	oncerning this matter, please ca	all;		
SILVER MALO		904 9624087 at ()		
Name o	f Person		Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,	
= 323.00 Time 1 cc	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
Ma-111 A A A		C/		
Mailing Addres Registration S		<u>Street Address:</u> Registration Sec	tion	
Division of C		Division of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it no (A Florida Limited Liability C	ow appears on our records.)
(A. F. M. M. Z.	
he Articles of Organization for this Limited Liability Company were file	led on 01/20/2021 and assigned
lorida document number L21000039066	
· · · · · · · · · · · · · · · · · · ·	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability con	npany here:
ne new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
-	
Principal office address MUST BE A STREET ADDRESS)	
	
	2021
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	117 m m 117 m
	<u> </u>
. If amending the registered agent and/or registered office address	on our records, enter the name of the new revi
gent and/or the new registered office address here:	
	≯ —
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
City	

lew Registered Agent's Signature, if changing Registered Agent:

NAVY EXPRESS LLC

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ging filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
P	SILVER MALO	8880 OLD KINGS RD S UNIT 135	= Add
		JACKSONVILLE , FL	□Remove
			Change
	 		□Add
			□Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
		 	Change
			
			Remove
			□Change
			□Add
			□Remove
			□Change

					
					
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<u>iate:</u> If the a	e, if other than the date te is listed, the date must be sp ate inserted in this block do fective date on the Departn	oes not meet the app	olicable statutory filir		
record speci l is filed.	īes a delayed effective date	, but not an effectiv	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
	021		·		
ated					
eated	Silver .	Molo			
02/08/ Pated	SILVER	Moles ture of a member or a	uthorized representativ	e of a member	

Filing Fee: \$25.00