L21000057915

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 1 ming Cincer.

Office Use Only



200437401642

GRUP THE STATE OF THE STATE OF

4 OCT -7 AHII: I

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: DANG	Smito Trucki	CY EXPYESS ited Liability Company	<u></u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Lumina	BCHELUS Name of Person	
	Dynamit	Firm/Company Cx	DAG 22
	1414 Tropica	Address	
	late work	City/State and Zip Code	
	Lumanys5?	Lagrail. Com	ification)
For further information co	oncerning this matter, please ca	П:	
Cumanas Name of	Batalus	at (500) 809 Daytin	5097 ne Telephone Number
Enclosed is a check for th	e following amount:		
□ \$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

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100057915</u> .	were filed on 02 02 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "El.C" or the abbreviation "E.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Later worth PL-33460.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	785 E E E E E E E E E E E E E E E E E E E
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: UME	TROPICAL DR
New Registered Office Address: 7614	Enter Florida street address WORTH City Florida Sip 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.

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

Title	<u>Name</u>	Address	Type of Action
HGR	Myrican Jacon Baptista	229 SW 10th AUX	□Ađd
	POPHISTE	Bypton Broch PL 33435	Remove
			□Change
			DAdd
			□Remove
			Change
			🗆 Add
			□Remove
	 -		Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(De are removing the registered Agent.
_{	irmoving the address " 229 Sw 10th Aur Bourne
	becch's changing it to "1614 Tropical Drive
	What worth FC 33460"
	Untact Lumanas for naw Registeral Agant
_	info. Plaase ramove "Bayner Address"
	·
_	
-	
-	
_	
_	
	
-	
_	
_	
_	
f an effe Note:	ve date, if other than the date of filing: 918124 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
record d is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _	9/18/24 M 1 6
	Signature of a member or authorized representative of a member
	,
	Myriam Jean Baptiste

Filing Fee: \$25.00