## 121000064897

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## **COVER LETTER**

TO:	Registration S Division of Co		,	-
SUBJE	PRIME EX	XPRESS SERVICES LLC		
SUBJE	CI	Name of Lis	mited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please re	eturn all corresp	ondence concerning this matte	r to the following:	
		RÔMULO AGUIAR		
			Name of Person	
		PRIME EXPRESS SERV	VICES LLC	
			Firm/Company	
		101 CENTRAL AVE		
			Address	
		LAKE WALES, FL - 338	253	
			City/State and Zip Code	<del></del>
		machadokarine@yahoo.co		
F 6 .1			(to be used for future annual report not	ification)
ror ium	ier intormation c	oncerning this matter, please of	call:	
RÒMUI	LO AGUIAR		407 535-1190	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed	l is a check for th	ne following amount:		
<b>\$25.</b>	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRIME EXPRESS SERVICES LLC

(Name of the Limited L (A)	<u>liability Comp</u> lorida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liabi Florida document number L21000064897	lity Company	were filed on February 08, 2021 and assigned		
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liab	pility company here:		
The new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		101 CENTRAL AVE		
(Principal office address MUST BE A STREET ADD		LAKE WALES, FL - 33853		
Enter new mailing address, if applicable:		101 CENTRAL AVE		
(Mailing address MAY BE A POST OFFICE BOX)		LAKE WALES, FL - 33853		
B. If amending the registered agent and/or regis agent and/or the new registered office address he	tered office : ere:	address on our records, enter the name of the new registere		
Name of New Registered Agent:	i/A			
New Registered Office Address:				
		Enter Florida street address		
<u>-</u>	<del></del> ,	, Florida		
		City Zin 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

<u>Title</u>	Name	Address	Type of Action
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			□Remove
		<del></del>	□Change
		<del> </del>	□ Add
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fective date, if other than th	e date of filing:		(optio	onal)
n effective date is listed, the date meter. If the date inserted in this becomes the effective date and the second of the second	MOCK does not meet the at	oblicable statutory t	or more than 90 days after iling requirements, this	filing.) Pursuant to 605.020 date will not be listed a
cument's effective date on the I	Department of State's rec	ords.	,	
ecord specifies a delayed effecti is filed.	ve date, but not an effecti	ve time, at 12:01 a.	m. on the earlier of: (b)	The 90th day after the
is med.				
May 11	2021			بمبت
ted		·		·. • • •
				-1
	Signature of a member or	authorized representat	ive of a member	

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Filing Fee: \$25.00