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(Re	equestor's Name	)
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PICK-UP	WAIT	MAIL
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(Bu	usiness Entity Na	ame)
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Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
Special instructions to	Timig Officer.	
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Office Use Only



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21 SET - 1 PH 3: TI

### **COVER LETTER**

TO: Registration Sect Division of Corpo	ion orations	/ ; i C	r
751	URI EXPRE	-55 LLC	
SUBJECT:	Name of Limite	d Liability Company	
	mendment and fee(s) are subm		
Please return all correspon	dence concerning this matter to		
•	Carlos Art	Name of Person  arcia/TSUTY E  Firm/Company	<u> </u>
	116	Name of Person	
	Carlos A. La	arcia//SUTY E	XPIRASS LLC
•		Firm/Company	s =
	6980 NW	186TH ST A	D/ 3/7
	-	Address	
	HIALEAH, F	L, 33015	
		City/State and Zip Code 5 [ C @ 9 max   • C	Com
	E-mail address: (to	o be used for future annual report not	fication)
For further information co	oncerning this matter, please ca	ill:	
Rarlos Arti	ora Garcia	at ( <u>954</u> ) <u>865</u> Area Code Daytin	4650
Name o	f Person .	Area Code Daytin	e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	
<u>Mailing Addre</u>	<u>88:</u>	Street Address:	oction
Registration Division of C		Registration Section of Co	
DIVISION OF	. Mporations	The Centre of	Tallahassee

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

TSURI EXPRESS LLC

21 SEX -7 PM 3: 14

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number <u>121000104795</u> 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 "LLC" 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 amending Autor or removed fron	thorized Person(s) authorized to main our records:	nage, enter the title, name, and address of each po	erson being added
MGR = Manaş AMBR = Autho	ger	21 SIT -7 FH 3: 14	
<u>Title</u> <u>I</u>	Name .	Address	Type of Action
$\underline{P}$ $\underline{Q}$	Parlos A. Garcia	6980 NW 186TH ST APT 317 HIALEAH, FL, 33015	_ 🗆 Add
			_ □Remove
		•••	_ <b>X</b> Change
MGR (	Carlos A. Garcia	6980 NW 136TH ST. APT 317 HIALEAH, FL, 33015	_ 💢 Add
		HIALEMII, PL, 90019	_ □Remove
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. If amending any (	other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ar a libration	fother than the date of filing:
If the record specifies record is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated <u>6497</u>	lamber 01
	Parlos A (1910) Signature of a member of authorized representative of a member
1	arlos Artoro Garcia Typed or printed name of signee