LZI 000 114413

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only) States 2 ip in Notice #)
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(Business Entity Name)
(Document Number)
(Southern Names)
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
MO XPRES	SS LLC	•	•
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	EMMANUEL JOINER FI	LS OCTELA	
	Name of Person		
		Firm/Company	
	1716 3RD AVE N APT 41	06	
		Address	
	LAKE WORTH FL 33460		
		City/State and Zip Code	
	oejfr@yahoo.fr		
	E-mail address; (to be used for future annual report not	ification)
For further information co	oncerning this matter, please co	all:	
EMMANUEL JOINER FILS OCTELA		33460 5615632897 at ()	
Name of	Person	Area Code Daytin	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:		Street Address:	ation
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MO XPRESS LLC (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 $\frac{03/09/2021}{1}$ and assigned Florida document number L21000114413 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MO XPRESS MULTISERVICES LLC 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.

City

, Florida

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>	Address	Type of Action
MGRM	EMMANUEL JOINER OCTELA	1716 3rd Ave N Apt 4106 Lake Worth FL 33460	= Add
			Remove
			□Change
MGRM	JEAN A MILLIEN	5861 Aurora CT Lake Worth FL 33463	■Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			[] Change
			□Add
			□Remove
			□Change
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated 03/26/2021 Signature of a member of authorized representative of a member Emmanuel Joiner Fils Octela Typed or printed name of signee

Filing Fee: \$25.00