

L21000131481

(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:

10/6/2021
7H

Office Use Only



100374007271

09/29/21--01029--009 ♦+25.00

FILED
2021 SEP 29 PM 11:55
SECRETARY OF STATE
TALLAHASSEE, FL 323

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trip 3's express LLC
Name of Limited Liability Company

Dear Sir or Madam:

Amendment
The enclosed ~~Registration Statement~~ and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jarris Smith
Name of Person

Firm/Company

1858 NW 126th
Address

Pembroke Pines, FL 33028
City/State and Zip Code

Trip3sexpress@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jarris Smith at (407) 799-9813
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2021 SEP 29 PM 11:56

Trip 3's express, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3/19/21 and assigned
Florida document number L21000131481.

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:

Torris Smith

New Registered Office Address:

1858 NW 126th Ave

Enter Florida street address

Pembroke Pines

City

, Florida 33028

Zip 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.

Torris Smith

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>	<u>Type of Action</u>
AMBR	Juanita osceola-smith	6511 James E Gillie drive	<input type="checkbox"/> Add
		Hollywood, FL, 33024	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOEL Castellanos	13 ANN LEE Lane	<input type="checkbox"/> Add
		Tamarac, FL, 33319	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single page from a notebook or ledger. It features ten evenly spaced, thin black horizontal lines running across the width of the page. The background is plain white, and there are no margins, text, or other markings present.

(If an effective 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 (3)(b)

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 9/27 21

Signature of a member or authorized representative of a member

Jarvis Smith
Typed or printed name of signer

Filing Fee: \$25.00