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(Requestor's Name)	
(Address)	100373
(Address)	100010
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	09/13/21~=0
(Document Number)	
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: F F X C S C Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Laurenson Feron
LEP Express LLC
5500 Cedar Lake Pol Apt 10110
Burten Elach FL33437
E-mail address' (to be used for future annual ruport fortification)
For further information concerning this matter, please call;
Laurenger Ferelon at 501,475 6918 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25,00 Filing Fee □ \$30,00 Filing Fee & □ \$55,00 Filing Fee & □ \$60,00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed)  S60,00 Filing Fee.  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

1 F T KXDRESS I	
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records,) ability (Company)
The Articles of Organization for this Limited Liability Company Florida document number 2 00 55	•
This amendment is submitted to amend the following: Property A. If amending name, enter the new name of the limited liab	Hered Agent-Name Cord NGK
LFP Express LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	5325 Cedar Lake 1291 Apt-10110 Bugnten Broon, FL3343
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)	5325 Cedar Lake Ppl Apt 10110 Roupten Beach, FL 33437
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>

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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 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>	Name	Address	Type of Action
MGP	Lauren Feneler	n 5325 Cedar Laket	DAM
·		Apt 10110	□Remove
		Burton Boach, FLS	BXC name
egistered	LayensnFenck	Boynton Brach, FLS on 5825 Ceder Lake F	Add
ACCUT		Apt 10110	□Remove
		Buplen Peach, Fl.3	3 Linarge
			□Adđ
			□Remove
			□Change
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lt an eff	ive date, if other than the date of filing: (optional) lective date is listed, the date must be specific and cannot be proor to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	ent's effective date on the Department of State's records.
recor	
Dated	OF/C9/aval 10:Wam(est.)
	Signature of a member or authorized representative of a member
	\ \( \lambda \lambda \rangle \lambda \rangle \rangle \lambda \rangle \

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