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To:

Division of Corporations

Fax Number : (850)617-6383

From:

 ϵ

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I20040000031 Phone : (800)906-9220 Fax Number : (800)906-9880

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MDB GLOBAL EXPRESS LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MDB GLOBAL EXPRESS LLC		·	
(Name of the Limited Liability Com (A Florida Limite	nany as it now appears on our records.) d Liability Company)		
The Articles of Organization for this Limited Liability Compar	ny were filed on 04/21/2021	and assigne	ed
Florida document number L21000184690			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lis	ability company here:		
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" or the a	bbreviation "L.L.C.	11
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)			<u>_</u>
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, enter the nan	ne of the new re	gisterea
		22 J	
Name of New Registered Agent:		JUN H	
		-8	72
New Registered Office Address:	Enter Florida street address	<u> </u>	급 하5
	. Florida	10	ر. د.
 	City , Florida	Zip Colle	
		10	

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

Title	<u>Name</u>	Address	Type of Action
AMBR	DANIELLE SHIN	5201 THOROUGHBRED LANE	■ Add
		SOUTHWEST RANCHES, FL 33330	□Remove
			Change
	•		Remove
			Change
			□Add
			□Remove
			Change
			
			□Remove
			Change
			🗆 Add
			□Remove
			Change
			□ Add
			Remove
			Change:

If amending any other informs	nation, enter change(s) here: (Attach additional sheets, if necessary.)
-	
Note: If the date inserted in this	he date of filing:
e record specifies a delayed effect rd is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated JUNE 7	
<u></u>	Danielle Shin Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	DANIELLE SHIN
	Typed or printed name of signee