LZ1 000 196137

(Requestor's Name)					
(Address)					
(Address)					
(Addiess)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dadition Littly Hallo)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
nInalni					
7/29/21					

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Registration Section

Tallahassee, FL 32314

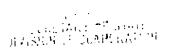
TO:

Division of Cor	porations			
SUBJECT: <u>EVC</u>	EXPRESS LI	L-C		
	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:		
	Evelio	MOYAICS Name of Person	<u></u>	
	Eve E	EXPress LLC Firm/Company		
	107 W	7 St AP+ A		
	Hialean	FLI 33010 City/State and Zip Code		
	E-mail address: (to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please ca	all:		
Eveliu Mo	(ales	at (786) 8 10 -	0033	
Name of Person		Area Code Daytime Telephone Number		
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	\$\mathbb{X}\$ \$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 Addres Registration S		Street Address: Registration Se	ction	
Division of C		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



EVE EXPres	SS LLC		21 JUL -6	LU17: 11
(Name of the Limit)	A Florida Limited I.	ny as it now appears on our liability Company)	records.)	
The Articles of Organization for this Limited Li Florida document number <u>L2100019</u> 0	ability Company	were filed on <u>04 2</u>	7/2021	_ and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabi	ility company here:		:
The new name must be distinguishable and contain the w	ords "Limited Liabili	ity Company," the designation	on "LLC" or the abbre-	viation "L.L.C."
Enter new principal offices address, if application	ıble:			· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREE	T ADDRESS)			·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>30X)</u>			***********
B. If amending the registered agent and/or reagent and/or the new registered office addres		ddress on our records,	enter the name o	f the new registere
Name of New Registered Agent:	Eveliu	Morales		··· ·
New Registered Office Address:		-		
		Enter Florida stree	t address	
		City	, Florida	Zip Code
		City	•	rap, Cour

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 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 Address JUL -6 PM 12: 17 **Title** Name Type of Action AMBr Evelio Morales 167 W 7 St APTA Hialean, FL 33010 **A**Change □Add _____ 🗆 🗀 Add Change □Remove ☐ Change $|\Box \wedge dd|$ Remove __ □Change Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
The Changes I want to make is I want to
take off the Mr on myzrodráe Philip I want
TO Change My Title From P to AMBr
SU ± Can OPEN A Business Account under
MY Business Name.
pro socialica & Noutrie
E. Effective date, if other than the date of filing: (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): 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 00 21. Signature of a member or authorized representative of a member
EVELIO MOYCLES Typed or printed name of signee