L21000294409

(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:					





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COVER LETTER

TO:	Registratio Division of	n Section Corporations			
CUDIE		XPRESS LLC		•	
SUBJE	C1:	Name of Limited Liability Company			
Dear Sir	r or Madam:				
The enc	losed Staten	nent of Correction and fee(s)	are submitted for filin	g.	
Please re	eturn all cor	respondence concerning this	matter to the followin	g:	
Scott Sr	mith				
		Name of Person		_	
Royal L	egal Solutio	ons			
		Firm/Company		_	
1100 A	zie Morton I	Road, #1105			
		Address		_	
Austin,	TX 78704				
		City/State and Zip Code		_	
product	ion@royalle	galsolutions.com			
E-I	mail address	: (to be used for future annua	l report notification)	_	
For furth	ner informat	ion concerning this matter, pl	ease call:		
Scott Sr	nith		512 at (871-0843	
	Na	nme 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	
Enclose	d is a check	for the following amount:			
5√\$ 25 Fi	iling Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	 \$60 Filing Fee, Certificate of Status & Certified Copy 	

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. **FIRST**: The name of the limited liability company is: ____ The Florida Document number of the limited liability company is: L21000294409 SECOND: Document to be corrected is: THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT \square Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Incorrect Statement: Article IV The name of person(s) authorized to manage LLC: Title AMBR, Name: EMBASSY ENTERPRISES AGENT TRUST. Correct Statement: Article IV The name of person(s) authorized to manage LLC: Title: MANAGER, Name: 300 EXPRESS AGENT TRUST <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: OR The electronic transmission of the record was defective. 7/15/2021 Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation). 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

Registered Agent's Signature

Filing Fee: Certified Copy:

of this change.

\$25.00

\$30.00 (optional)