# 121000327733

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(B	usiness Entity Name	<del>=</del> )
(D	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	
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A. BUTLER
DEC - 6 2021

## **COVER LETTER**

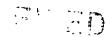
subject: <u>Ed</u>	VAREXPRESS Name of Limit	LAC ed Liability Company	
	Pane of Lum	ext channels company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	Eduardi	b Castillo	
	Name of Limited Liability Company  melosed Articles of Amendment and fee(s) are submitted for filing.  e return all correspondence concerning this matter to the following:    Educato   Castillo     Name of Person		
		Firm/Company	
	4090	Enchanted L	Datis Circle
	Kissi mue	Address / Floride / 3	W74/
	E-mail address: (1	City State and Zip Code  7 7 9 mail. Con  10 be used for future annual re	port notification)
Division of Corporations  SUBJECT: EDVAREXPRESS LAC Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  **Eduardo Lastillo** Name of Person  **EDVAREX PRESS LAC** Firm/Company  **40 90 Enchanted Do his Grele Address  **Address** **Addr			
Eduando	Castillo	at (786 ) 8.	284216
Name of	Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	e following amount:		
2 \$25.00 Filing Fee	<del>-</del>	Certified Copy	Certificate of Status & Certified Copy

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



	OF		•	
EDUA RE	XPRESS LA	LC	2021 NOV 15	AH 7: 28
(Name of the Limite)  The Articles of Organization for this Limited Liz  Florida document number 42/000337	d Liability Company as it n A Florida Limited Liability C	ow appears on our records. Company)		CESTATE WEELT
The Articles of Organization for this Limited Lia	bility Company were fil	ed on <u>07/14/2</u>	val and a	essigned
Florida document number <u>42/000337</u>	738			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability cor	npany here:		
The new name must be distinguishable and contain the wo	rds "Limited Liability Comp	any," the designation "LLC"	or the abbreviation	"L.1C."
Enter new principal offices address, if applica	ble:	<del>-</del>		
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE E	<u></u>			
B. If amending the registered agent and/or reagent and/or the new registered office address	<b>.</b> .	on our records, <u>enter t</u>	he name of the n	iew registered
	د دسیو	1.11		
Name of New Registered Agent:	Eduardo	Eastillo		
New Registered Office Address:	46 90 Ench	ray tad Da K3 Enter Florida street address	lirele	
	Hissin	11/E . Flor		41
	City	. 1 (0)	Zip Coa	

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.

Fl. 1. Dtil

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 **Type of Action** <u>Title</u> **Address Name** Eduado les tolls 4090 Enchat MAS lock DANG \_\_\_ 🗆 Change AMBR JONATHA HARTINEE 4090 Enchante DAMS livele DANS l \_\_\_\_\_ Change

\_\_\_ □Remove

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,	
ffect	ive date, if other than the date of filing:
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocun	nent's effective date on the Department of State's records.
reco Lis fi	d 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 led.
ated	11/10/2021 2021
	El 1 DX1
	<u>Cauendo llo lillo</u>
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00