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COVER LETTER

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ALIB IDA		S10 L.L.C		e e
SUBJEC	Γ:	Name of Lim	ited Liability Company	
The enclo	sed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please reti	urn all corresp	condence concerning this matter	to the following:	
		JEAN PEREIRA		
			Name of Person	
	Division of Corporations EXPRESS10 L.L.C Name of Limited Lishility Company he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: JEAN PEREIRA Name of Person INFINITY TAX AND BUSINESS Firm/Company 2411 W SAND LAKE RD SUITE C Address ORLANDO, PL. 32809 City/State and Zip Code JEAN@TAXNERVICESINFINITY COM E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: EAN PEREIRA Nume of Person Nume of Person Total Code Order Certification Code Certificate of Status Area Code Mailing Fee & Certificate of Status Area Code Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations	SINESS		
		Address ORLANDO, FL. 32809 City/State and Zip Code JEAN GEAN AND Exercises: (a) See Submitted Describing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate on Status & Certificate on Status & Certificate on Status & Certificate on Status & Certification Section vision of Corporations Division of Corporations Name of Limited Liability Company JEAN PEREIRA Name of Person INFINITY TAX AND BUSINESS Firm/Company 2411 W SAND LAKE RD SUITE C Address ORLANDO, FL. 32809 City/State and Zip Code JEAN@TAXSERVICESINFINITY.COM F-mail address: (to be used for future annual report notification) Information concerning this matter, please call: EERA Name of Person at (508) Area Code Daytime Telephone Number \$ 500.00 Filing Fee. & Certificate of Status & Certificate Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations Division of Corporations The Centre of Tailahassee		
			Address	
INFINITY TAX AND BUSINESS Firm/Company 2411 W SAND LAKE RD SUITE C Address ORLANDO, FL, 32809 City/State and Zip Code JEAN@TAXSERVICESINFINITY.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JEAN PEREIRA 508 796-5030				
		, , , , , , , , , , , , , , , , , , , ,	AND LAKE RD SUITE C Address O. FL, 32809 City/State and Zip Code XSERVICESINFINITY.COM E-mail address: (to be used for future annual report notification) matter, please call: at (
		E-mail address: (to be used for future annual report no	otification)
For furthe	r information	concerning this matter, please c	all:	
JEAN PE	EREIRA			
	Name	of Person	Area Code Dayti	me Telephone Number
Enclosed	is a check for	the following amount:		
□ \$25.0	0 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
				ection
Γ	Division of	Corporations	Division of Co	orporations
	P.O. Box 63 Fallahassee,			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

EXPRESS10 L.L.C (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 15167 NEWTONIA ST Enter new principal offices address, if applicable: WINTER GARDEN, FL. 34787 (Principal office address MUST BE A STREET ADDRESS) 15167 NEWTONIA ST Enter new mailing address, if applicable: WINTER GARDEN, FL. 34787 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: JOSIMILSON DE AZEVEDO BARBOSA Name of New Registered Agent: 15167 NEWTONIA ST New Registered Office Address: Enter Florida street address _, Florida 34787 Zip Code

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 hability company has been notified in writing of this change.

City

WINTER GARDEN

If Changing Registered Agent, Signafure 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>	<u>Name</u>	Address	Type of Action
MGR	ALLEGUE, JORGE	6418 WILSHIRE DR	DAdd
		TAMPA, FL, 33615	≣Remove
			□Change
MGR	DE AZEVEDO BARBONA, JOSIMILSON	15167 NEWTONIA ST	■Add
		WINTER GARDEN, FL, 34787	□Remove
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Signature of a member or authorized representative of a member	DECEMBER, 3TH	2024					
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