Office Use Only



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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
	ANBER LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ELVIRA RAMIREZ		
		Name of Person	
	AA EXPRESS SERVICE	S INC	
		Firm/Company	
	410 S POWERLINE RD		
		Address	
	DEERFIELD BEACH		
	aaexpressservices@gmail.c	City/State and Zip Code om to be used for future annual report no	tification)
For further information (concerning this matter, please c	all:	
ELVIRA RAMIREZ		954 596 0323	
Name (of Person	at () Area Code Daytii	me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$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)
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 632	27	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Com (A Florida Limite	npany as it now appears on o ed Liability Company)	our records.)		
The Articles of Organization for this Limited L Florida document number <u>L21000399086</u>	iability Compa	ny were filed on	021	and ass	igned
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name of	of the limited li	ability company here:			
N/A					
The new name must be distinguishable and contain the v	words "Limited Lie	ability Company," the designa	ation "LLC" or the abl	previation "L.	L.C."
Enter new principal offices address, if applic	cable:	N/A			
Principal office address MUST BE A STREI	ET ADDRESS)		f*	2821 OC	
Enter new mailing address, if applicable:		N/A		T-7 F	
Mailing address MAY BE A POST OFFICE	BOX)		! {	2: <u>26</u> 2: 26	
B. If amending the registered agent and/or agent and/or the new registered office addre		e address on our record	ds. <u>enter the name</u>	•	register
Name of New Registered Agent:	N/A				
New Registered Office Address:					-
_		Enter Florida str	reet address		
			, Florida		
		City		Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

GRUPO LANGER LLC

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CARMEN LANDAETA GARCES	34 NE 50TH TER, MIAMI FL 33137	= Add
			🗆 Remove
			□ Change
			🗆 Add
			□Remove
			- 景会 Ess hange
			SECRETARY SEET FLORIDA
			Remove !
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Typed or printed name of signee