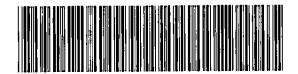
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
I
Please Push ASAP to Sunbiz. Thanks!!
/hanKS!!

Office Use Only



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## **COVER LETTER**

Division of Corp			
SUBJECT:Can	npus Express	Mart LUC ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	Mian_	Name of Person	
	<u>Campus</u> !	EXPRESS MOST	
	631 W	Madison Street	
	Tallansce	Flonds City/State and Zip Code	
	Il-mail address U	Fue 1 (a) Comile be used for future annual report notifi	ication)
For further information co	ncerning this matter, please ca	ill:	
Mian Ashrac	Person	at ( <u>318</u> ) <u>469 -</u> Area Code Daytime	- 8958 Tetephone Number
Envlosed is a check for th			
√2 \$25.00 Filing Fee	□ \$30 00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	s:	Street Address:	
Registration S	Section	Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	
P.O. BOX 022	/	the Centre of t	ananasce

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it n	ow appears on our records.)
(A Florida Limited Liability C	ompany)
The Articles of Organization for this Limited Liability Company were file	ed on $09/13/162/1$ and assigned
Florida document number <u>L2 000004656</u> .	( )
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability cor	npany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or the abbreviation 📜 C "
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	25 70 man
	77
	ω ····································
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	177 <b>7</b>
B. If amending the registered agent and/or registered office address	on our records, enter the name of the new registered
ngent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Floridu straet address
	, Florida
Ciņ	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 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>	Name	Address	Type of Action
MGR	Mian Asher	1706 smokerise Ln Tallahsce, Florida 30	_ □Add )3 □ i Remove
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Effective date, if other than the date of filing:  (optional)  (a)  (a)  (a)  (a)  (b)  (b)  (b)  (c)  (c)  (c)  (d)  (d)  (d)  (d)  (d								<del></del>
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