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PICK-UP	WAIT MAIL
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## **COVER LETTER**

TO: Registration Secti Division of Corpo			
SUBJECT: Com	pur Express Name of Limit	Mart LLC ed Liability Company	
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
	Mian	Achraf	
		Name of Person	
		Firm/Company	
	631 0	J Medison St. Address	#1
	Tallsharree	Address 72309	
	E-mail address: (to	City/State and Zip Code  Stre 18 Smil.co  be used for future annual report noti	tication)
For further information con	cerning this matter, please ca		
Sean To	orderiller erson	at ( <u>Gu/</u> ) <u>885</u> Area Code Daytim	P-17 ( ] e Telephone Number
Enclosed is a check for the	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)
	·		

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

FILED 2022 JAN 25 AM 10: 36

Compus Expir	est Mart	LLC SECRETION	<del>^</del>
( <u>Name of the Limited Libbi</u> (A Florid	lity Company as it now at da Limited Liability Compa	iny)	SE AFE
The Articles of Organization for this Limited Liability Florida document number <u>L210∞4046</u>	Company were filed or 6	1 9/13/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability compan	iv here:	
The new name must be distinguishable and contain the words "Lis	mited Liability Company,"	the designation "LLC" or the ab	breviation "L.L.C "
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register agent and/or the new registered office address here:		ur records, <u>enter the nam</u>	e of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Ente	r Florida street address	
		Florida	
	City		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 Changing Registered Agent, Signature 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>Address</u> Type of Action <u>Title</u> Name Min Athref 631 W Modion Stall in AMBR □Remove )

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'. H 4H.	rending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e <u>Note</u>	tive date, if other than the date of filing:
the reco	ord 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 filed.
Date	Signature of a member or authorized representative of a member
	Superfue of a member of authorized corresponding of a member
	Signature of a memori of authorized representative of a memori
	Sea Tode cillar Typed or printed name of signee

Filing Fee: \$25.00