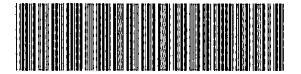
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## COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: HilliPhan Isalah i	El-Express Trust Enterprise LLC f Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	e submitted for filing.
Please return all correspondence concerning this m	atter to the following:
<u></u>	L A Stephens II  Name of Person
	Name of Person
Philippon I	saian el express-trust
	•
	6037 long Peak dr
	Addres
Orl	City/State and Zip Code  nestate 1 @ gmail.com  ness: (to be used for luture annual report notification)
	City/State and Zip Code
<u>Stephen</u>	nestate 100 gmail (COV)
For further information concerning this matter, plea	ase can.
Joseph A Stephens II, TTE	at () <u>619-946-8292</u> Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	_
□ \$25.00 Filing Fee Solution See Sectificate of State	S55.00 Filing Fee & S60.00 Filing Fee.  US Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
ronanosee. 1 L 52517	Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Philliphan Isaiah El Express trust Enterprise IC

(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 Con Florida document number <u>L2100444989</u>		11-2021	and assig	gned
Florida document number <u>L 2100 444 185</u>	?			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designa	ation "LLC" or the a	abbreviation "L.L	.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u> </u>	·		
Fator non-mailing address if applicables				
Enter new mailing address, if applicable:			2021 55 54	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)			26 8	· :
			7 C	
B. If amending the registered agent and/or registered	office address on our recor	ds. <u>enter the na</u>	me of the new	registered
agent and/or the new registered office address here:				ι.
			8: 48 (020)	
Name of New Registered Agent:			<del>::</del>	
New Registered Office Address:				
	Enter Florida st	reet address		
		Florida _		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered	Agent:			
I hereby accept the appointment as registered agent at provisions of all statutes relative to the proper and cor accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my ont as provided for in Chap	duties, and Lam ter 605, F.S. Ot	i familiar with r, if this docui	n and ment is

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>Title</u>	Name	Address	Type of Action
MGR	Joseph A Stephens II	1/0 6037 LongPeak dr	_ CAdd
			□Remove
		·	□Change
AR	Jasper A. Polynice		□Add
			KRemove
			□Change
			□Add
			Connove Connov
			Remove
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ective date, if other than the date of filing:	
te: If the date inserted in this block does not meet the applicable statu ument's effective date on the Department of State's records.	ntory filing requirements, this date will not be listed at
·	
cord specifies a delayed effective date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	
ed October 15, 2021	
CO COTO DOLY 1'S,	Authory Doplem II resentative of a member Authory Doplem II
المهملاملي	- Un mont southern The

Typed or printed name of signee