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COVER LETTER

Tallahassee, FL 32314

	on Section f Corporations	
SUBJECT:	AHANAS XPRESS LLC	
	Name of Limited Liability Company	
The enclosed Ar	es of Amendment and fee(s) are submitted for filing.	
	rrespondence concerning this matter to the following:	
	DAHANA LOUIS Name of Person	
	DAHANAS XPRESS LLC Firm/Company	
	4000 N. STATE ROAD 7 SUITE 410	0A
	LAUDER DALE LAKES, FL 33319 City/State and Zip Code	
	DA-HANASXPRESSO GMAIL, COM E-mail address: (to be used for future annual report notification)	
For further infor	tion concerning this matter, please call:	
DAHA	Area Code Daytime Telephone Number	
Enclosed is a che	for the following amount:	
,	fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee.	
23 323.00 T Mil	Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is en	tus &
Mailing	ddress: Street Address:	
Regist	tion Section Registration Section	
	of Corporations Division of Corporations The Centre of Tallahassee	
r.O. D	1 the Centre of Farianassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

DAHANAS XPRÉSS	LLC	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears of liability Company)	n our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>2100452</u> /6	were filed on <u>07</u>	15/2024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	:
DAHANAS XPRESS E FI. The new name must be distinguishable and contain the words "Limited Liabil	NANCIAL	SERVICES LLC
the new name must be distinguishable and contain the words. Limited Liabit	ny Company, the desig	mation LDC of the aboveviation C.E.C.
Enter new principal offices address, if applicable:	<u>_N/A</u>	·
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		= = = = = = = = = = = = = = = = = = = =
	,	: ` ` . `
Enter new mailing address, if applicable:	N/A	T)
(Mailing address MAY BE A POST OFFICE BOX)		
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	<u>-</u>	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our reco	ords, enter the name of the new registere
Name of New Registered Agent: N/A		
New Registered Office Address: N/A		
	Enter 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

									
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an effections	ive date is liste the date inse	ed, the date merted in this l	ne date of file ust be specific a block does no Department o	and cannot but meet the	e prior to date applicable st	of filing or mor atutory filing	e than 90 days	ptional) after filing.) Pur , this date will	suant to 605.0207 not be listed as
record s I is filed		layed effect	ive date, but r	ot an effec	tive time, at	12:01 a.m. or	the earlier o	f: (b) The 90	th day after the
ated	JULY	15	h	20	24.				
				5					
			Signature of	a member o	or authorized r	epresentative o	f a member		
			HA NA	ì					

Filing Fee: \$25.00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DAHANAS XPRESS LLC Namé of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
DAHANA LOUIS Name of Person
DAHANAS XPRESS LLC Firm/Company
4000 N. STATE ROAD 7 SULTE 410A
LAUDER DALE LAKES, FL 33319 City/State and Zip Code
DA-HANASXPRESS® GMAIL & COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DAHANA LOUIS at (954) 759-1137 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing Address: Registration Section Street Address: Registration Section

Division of Corporations P.O. Box 6327

TO:

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAHANAS XY	7 <i>ESS</i>	LLC		
(Name of the Limited L (A.F.	lorida Limited Li	y as it now appears on o ability Company)	ur_records.)	
The Articles of Organization for this Limited Liabi Florida document number <u>21000</u> 4	lity Company v -52/6	were filed on <u>© 7/</u>	15/2024 and assigned	d
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liabil	ity company here:	,	
DAHANAS XPRESS The new name must be distinguishable and contain the words	<u> </u>	VANCIAL ty Company," the designa	SERVICES LL tion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable		_N/A		
(Principal office address MUST BE A STREET A	(DDRESS)			
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BO</u>	<u>x)</u>	N/A		
B. If amending the registered agent and/or regisagent and/or the new registered office address h		ddress on our record	ls, enter the name of the new reg	<u>zistered</u>
Name of New Registered Agent: New Registered Office Address:	N/A			
new negisiered Office Addless.	<u>" </u>	Enter Florida str	reet address	
_			, Florida	<u>_</u>
		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

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(If an efformation Note:	ve date, if other than the date of filing: cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t ent's effective date on the Department of State's records.
he record	d 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 ed.
Dated ₋	July 15th 2024.
	Signature of a member or authorized representative of a member
	j

Filing Fee: \$25.00