To:

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000423844 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRUCKING PERMITS AND MORE LLC

Account Number : I20140000047 : (813)774-4726 Fax Number : (813)877-2186

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			
	Muule33.			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OP EXPRESS LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

	ation Section 1 of Corporations	
OI SUBJECT: _	EXPRESS LLC	
	Name of Limited Liability	Company
The enclosed Ar	icles of Amendment and fee(s) are submitted for fil	ing.
Please return all	correspondence concerning this matter to the follow	ing:
	ANDY MEDEROS LEAL	
	OP EXPRESS LLC	of Person
,	Firm/C	Ompany
	Add	iress
	olgaorta91@yahoo.com	nd Zip Code
for further inform : ANDY MEDER	nation concerning this matter, please call:	3 770-6066
_ 	Name of Person at (ca Code Daytime Telephone Number
inclosed is a che	k for the following amount:	
≣ \$25.00 Filing	Certificate of Status Certifi	Filing Fee & ed Copy cal copy is enclosed) S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Divisio P.O. Bo	ition Section of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Page: 5 of 7.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OP EXPRESS LLC	d Liability Compa	ny as it now appears on our re liability Company)	cords.)
The Articles of Organization for this Limited Lia lorida document number L22000027633	bility Company		
his amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of		lity company here:	
he new name must be distinguishable and contain the we	-de III imited Liphi	ity Company " the designation "	"LLC" or the abbreviation "L.L.C."
		7812 RIDEIN RD	~ F
Enter new principal offices address, if applica		TAMPA FL 33619	
Principal office address MUST BE A STREET	<u>r ADDRESS)</u>		
		7812 RIDEIN RD	<u>:</u>
Enter new mailing address, if applicable:	97)VI		
Mailing address MAY BE A POST OFFICE BOX)		***************************************	
B. If amending the registered agent and/or registered office addres Name of New Registered Agent:	s here: ANDY MEDE		
New Registered Office Address:	7812 RIDEIN		
	Enter Florida street address		
	TAMPA	Cin	, Florida 33619 Zip Code
and the second	Sudstand Appet		Lip Can
New Registered Agent's Signature, if changing E I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the second	d agent and agi er and complete stered agent as registered office	ee to act in this capacity performance of my dution provided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is
	IF Ch.	naing Dankturnel Ament Chang	ture 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

Page: 6 of 7,

<u>Title</u>	Name .	Address	Type of Action
AMBR	ANDY MEDEROS LEAL	7812 RIDEIN RD	<u> </u>
		TAMPA, FL 33619	Add
			Remove
AMBR	OLGA, PEREZ ORTA	7812 RIDEIN RD	ű.
	·	ТАМРА, FL 33619	= Remove
			☐ Change
			DAdd
			□Remove
			Change
			□Add
			□Remove
	•		☐ Change
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To:

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Filing Fee: \$25.00