## K22000031942

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

A. BUTLER MAR 2 2 2022

## COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

**Division of Corporations** 

TO:

Wilmar Expr	ess			
SUBJECT:	Name of Limite	ed Liability Company		
The enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.		
	ndence concerning this matter to			
	Wilmar Gallart			
		Name of Person		
	Wilmar Express			
		Firm/Company		
	8100 W 28 Ct, Unit 110			
		Address		
	Hialeah, Fl 33018			
	wilmar.gallart@yahoo.com	City/State and Zip Code		
		o be used for future annual report noti	fication)	
For further information of	oncerning this matter, please ca	dl:		
Wilmar Gallart		786 566-6711		
		at () Area Code Daytim	e Telephone Number	
Name o	of Person	Area Coue Payani	e relegations ( Same as	
Enclosed is a check for t	he 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)	
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ection	
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT, TO ARTICLES OF ORGANIZATION **OF**

FILED

Wilmar Express

(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 Company were filed on O1/18/2072LAHASSEE. FL and assigned

	<b>_</b> '	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:	office address on our records,	enter the name of the new registered
New Registered Office Address:	Enter Florida street	address
New Registered Office Address:	Enter Florida street	
New Registered Office Address:	Enter Florida street City	, FloridaZip Code
New Registered Office Address:  New Registered Agent's Signature, if changing Registered	City	

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>	<u>Name</u>	Address	Type of Action
MGR	Wilmar Gallart	8100 W 28 Ct, Unit 110, Hialeah, Fl 33018	<b>=</b> Add
			□Remove
			□Change
			□Add
			□Remove
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Effective date, if other than an effective date is listed, the date Note: If the date inserted in this locument's effective date on the	s block does not meet the	applicable statutory	or more than 90 days aff filing requirements, t	tional) er filing.) Pursuant to 60 his date will not be lis	5.0207 ted as
record specifies a delayed effe d is filed.	ctive date, but not an effe	ctive time, at 12:01 a	.m. on the earlier of:	(b) The 90th day after	er the
March 03	2022				
Dated		<u> </u>			
	Signature of a member	or authorized represen	ative of a member		
			The state of the s		