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SECRETARY OF STATE CHAISION OF CORPORATION

T. MATTHEWS JUN 2 1 2022

COVER LETTER

Division of Cor			•	
Wilmar Exp	oress, LLC		•	
SUBJECT:		nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Wilmar Gallart			
		Name of Person	····	
	Wilmar Express, LLC		- 	
		Firm/Company		
	8350 NW 52nd Ter, Suite 3	301 #1038		
	•••	Address		
	Doral, FIL 33166			
	wilmar@wilmarexpress.com	City/State and Zip Code		
	E-mail address: (to be used for future annual report no	tification)	
For further information c	oncerning this matter, please c	ali:		
Wilmar Gallart		786 422-1090		
Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
☑ \$25.00 Filing Fee	S30.00 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 Addres		Street Address:	ootion	
Registration S Division of C		Registration Section Division of Corporations		
P.O. Box 632		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF SECRET

OF ORGANIZATION SECRETARY OF STATE OF S

Wilmar	Exi	press.	LL.	.C
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22 APR 29 AM 8: 38

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(^	Florida Limited	madinity Company)	
The Articles of Organization for this Limited Liab Florida document number	oility Company	were filed on Sunday, Ap	and assigned
This amendment is submitted to amend the follow	/ing:		
A. If amending name, enter the new name of the	he limited liab	oility company here:	
The new name must be distinguishable and contain the word	ds "Limited Liabi	lity Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		8350 NW 52nd Ter	
		Suite 301 #1038	
Trincipui office duaress meet be mentel mobile		Doral, FL 33166	
Enter new mailing address, if applicable:		8350 NW 52nd Ter	
(Mailing address MAY BE A POST OFFICE BOX)		Suite 301 #1038	
		Doral, FL 33166	
B. If amending the registered agent and/or reg agent and/or the new registered office address Name of New Registered Agent:		address on our records,	enter the name of the new register
	8350 NW 52nd	Ter, Suite 301 #1038	
New Registered Office Address:		Enter Florida street	address
	Doral		, Florida 33166
		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 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
			□Add
			Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□ Remove
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(If an eff Note:	tive date, if other than the date of filing:
e recor	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.
	Sunday, April 24 2022
Dated	All homes of the
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Wilmar Gallart Typed or printed name of signee
	Wilmar Gallart