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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: MJJ-EXPRESS LLC Name of Limited Liability Company	3-
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Territ J Bermydey Miquilena	
Firm/Company 2642 Pleasant Cypress Circle Address Kissimmee FL 34741	
City/State and Zip Code Mile pess. Use gracil. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: The permuder Miduilers (801) 971-7631 Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Certificate of Status Certified Copy (additional copy is enclosed) Certified Co (additional copy is enclosed)	f Status & py
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

MJJ EXPRESS	2022 FEB 28 AM 6: 28
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company) DEUNETARY OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company Florida document number <u>L 22000638 74</u>	()() () () () ()
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	- A/A-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	Finer 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

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
curager	Jerrit J Bermudg Miavilera	2642 Pleasant Cypress Circle Kissimmee fl. 34741	VAdd
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Effective d	ate, if other the date is listed, the	ian the date of f	filing:	or more than 90 days after filing.) Pursuant to 60	05.0207
Note: If th	e date inserted i	i this block does i	not meet the applicable statutory tof State's records.	filing requirements, this date will not be fis	ited as
record spe d is filed.	cifies a delayed	effective date, but	t not an effective time, at 12:01 a	.m. on the earlier of: (b) The 90th day aft	er the
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Filing Fee: \$25.00