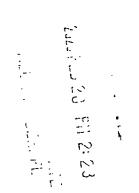
L220000 985 86

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer.				





700403181187



COVER LETTER

TO: Registration Division of	on Section Corporations		
	XPRESS LLC		
SUBJECT:	Name of Lin	ited Liability Company	
	es of Amendment and fee(s) are sub	-	
	RAMESH PERSAUD		
		Name of Person	
	-	Firm/Company	71.1.
	116 NE 28TH AVE		7 29 29
		Address	Pn.
	OCALA, FL 34470		
	dhaveetas@aol.com	City/State and Zip Code to be used for future annual report notific	n: (3)
For further informat	ion concerning this matter, please of	•	auvii)
RAMESH PERSAU	J D	352 657-0440 at (
Na	une of Person		'elephone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing Fe	ce \$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)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporate Centre of Tall 2415 N. Monroe Stallahassee, FL 3	orations Hahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRB EXPRESS LLC				
(Name of the Lim	ited Liability Company as it (A Florida Limited Liability	now appears on our reco Company)	ords.)	_
he Articles of Organization for this Limited I	iability Company were t	filed on 02/24/2022	and	assigned
lorida document number L22000098586	·			
his amendment is submitted to amend the fol	lowing:			
a. If amending name, enter the new name of	of the limited liability co	ompany here:		
i/A				
ne new name must be distinguishable and contain the	words "Limited Liability Con	npany," the designation "L		L.L.C."
nter new principal offices address, if appli	cable: N/A			7 r
Principal office address MUST BE A STRE	ET ADDRESS)		ā,	<u>V;</u>
	-			-0
			i.	1:2:
nter new mailing address, if applicable:	N/A		<u> </u>	2
Mailing address MAY BE A POST OFFICE BOX)				·
				
			_	
. If amending the registered agent and/or gent and/or the new registered office addre		ss on our records, <u>ent</u>	er the name of the	new registe
Name of New Registered Agent:	N/A		,	
New Registered Office Address:				
	Enter Florida street address			
			Florida	
	Ci	iņ	Zip Ci	ode

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
MGR	HUSEYIN SENGOZ	12743 Ellis Island Dr. Jacksonville, FL 32224	= Add
			□Remove
			□Change
			□Add
			□Remove
			☐Change
		TALL Y	
		· · · · · · · · · · · · · · · · · · ·	□Change
			□Add
			□Remove
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change

Typed or printed name of signee