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OWISION OF CORPORATIONS

22 APR 15 PM 3-10

T. MATTHEWS MAY 1 1 2022

Registration Section

TO:

Division of Co	rporations .		,
	Wesley Express LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all corresp	ondence concerning this matter	to the following:	
	Aris	s Bell	
	_	Name of Person	
		Were BU	
		Firm/Company	
	718 SW 4th T	errace Dania Beach FL 3300)4
		Address Dania Beach Fl 33	3004
		City/State and Zip Code aris_bell@ymail.com	
		to be used for future annual report no	otification)
	concerning this matter, please ca	all:	
	is Bell	at (9543380902	
Name	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for	the following amount:		
图\$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)
Mailing Addre Registration Division of C		<u>Street Address:</u> Registration S Division of Co	
P.O. Box 63 Tallahassee,	27	The Centre of	· ·
i ananassee,	1 12 3 23 17	2 (15 14. 740)	

Tallahassee, FL 32303

DocuSign Envelope ID: 7453495F-BDD4-4C76-A048-F6BBC5B4A489 ARTICLES OF AMENDMENT

TO

TO SECRETARY OF STATE ARTICLES OF ORGANIZATION SECRETARY OF STATE OR ARTICLES OF CORPORATIONS

OF

22 APR 15 PM 3= 19

(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears bility Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company w Florida document number	rere filed on	03/03/2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liability	Company," the de	esignation "LLC" or the abb	neviation "L.L.C."
Enter new principal offices address, if applicable:		4th Terrace Dania B	·=····
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office adagent and/or the new registered office address here: Name of New Registered Agent:	dress on our re	ecords, <u>enter the nam</u>	e of the new registered
New Registered Office Address:			
The in flogisticity of the first of the firs	Enter Flori	ida street address	
		, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City		Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of a ovided for in C	my duties, and Lam f Thapter 605, F.S. Or,	amiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 7453495F-BDD4-4C76-A04B-F6BBC5B4A4B9
Trainending Authorized rerson(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
			□Remove
			Change
		□ Add	
			□Remove
			Change
		□Add	
		□Remove	
		□Change	
		□Change	
		□Remove	
			Change

If ameno	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note: If	e date, if other than the date of filing:
he record s ord is filed	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 l.
Dated	04/01/2022
	Were Bu
	Signature of a member or authorized representative of a member
	Aris Bell
	Typed or printed name of signce

Filing Fee: \$25.00