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SECRETARY OF STATE
TALLAHASSEE FI

CÓVER LETTER

TO: Registration Section Division of Corporations FLS GLOBAL AMERICAN COMPANY, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ELVIRA RAMIREZ DE ROJAS Name of Person AA EXPRESS SERVICES, INC. Firm/Company 410 S POWERLINE RD Address DEERFIELD BEACH, FL 33442 City/State and Zip Code AAEXPRESSSERVICES@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ROSA OBALDIA 6332755 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$60.00 Filing Fee, □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 8107 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLS GLOBAL AMERICAN COMPANY LLC

(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 Com	pany were filed on _	04/20/2022	and as	ssigned
Florida document number L22000187809				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company l	here:		
The new name must be distinguishable and contain the words "Limited	Liability Company." the	designation "LLC" or t	he abbreviation "l	"L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>			
				
Factor and an Albana (6 1) - 11.				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of	fice address on our	records, enter the	name of the ne	w registered
agent and/or the new registered office address here:			202 SE	
			2022 NOV SECRET	5
Name of New Registered Agent:				
New Registered Office Address:			R Y	(-2,1)
	Enter Fl	orida street address	PH 2: SEE.	
		Florida	1 <u>1 </u>	
	City		17 (We	
New Registered Agent's Signature, if changing Registered Ag	gent:			
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent	olete performance of as provided for in	f my duties, and Lo Chapter 605, F.S.	am familiar wi Or, if this doc	ith and ument is
being filed to merely reflect a change in the registered of company has been notified in writing of this change.	ffice address, I here	by confirm that the	e limited liabi	lity

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, onter 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
AMBR	ANDRES SALAZAR SEQUERA	4421 N FEDERAL HWY APT 101 POMPANO BEA	NC □ Add
			= Remove
			_ □Change
			□Add
			□Remove
			□Change
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 dote: If the date inserted in this block does not meet the applicable statutory filing requirement occument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies is filed.	er of: (b) The 90th day after the
ned 18/03/2027	
(Tital Duce	
Signature of a member or authorized representative of a member $A(G,G)$ $A(G,G)$ $A(G,G)$ $A(G,G)$ $A(G,G)$ Typed or printed name of signee	r