Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000242839 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Email Address:_

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

EFILE1234@INCFILE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

BRUIZA EXPRESS, LLC

Certificate of Status	0
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Page Count	05
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Page: 2/5 (((H22000242839 3)))

COVER LETTER

TO: Registration So Division of Cor				
0.10.15.00		EXPRESS, LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	LOVETTE DOBSON			
		Name of Person		
		Firm/Company		
	17350 STATE HWY 249	STE 220		
		Address		
	HOUSTON, TX 77064			
		City/State and Zip Code		
	EFILE1234@INCFILE.CO			
For further information c	F-mail address: (oncerning this matter, please c	to be used for future annual reparts	port notification)	
LOVETTE DOBSON	· ·	1	888-462-3453	
Name o	of Person	at ()	Daytime Telepho	one Number
Enclosed is a check for t	he following amount:			
震 \$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)
<u>Mailing Addres</u> Registration		Street Add Registrati	ress: ion Section	
Division of C	Corporations	_	of Corporation	ns
P.O. Box 632 Tallahassee,			re of Tallahas Monroe Stree	
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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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

Page, 4/5

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H22000242839 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	NATASHA DORICHEMOND	19400 NW 39TH AVE	□Add
		MIAMI GARDENS, FL 33055	≅Remove
			Change
			🗀 Add
			Remove
			□Change
			□Add
			□Remove
		3-1-1-1-1	TChange
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<u>Juriten Singleton</u> Signature of a member or authorized representative of a member	Quinten Singleton Quinten Singleton	· · · · · · · · · · · · · · · · · · ·		•	•
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Filing Fee: \$25.00