Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : I2014000083

Phone

: (407)932-8848

Fax Number

: (407)520-5473

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

Email Address: MOSTCY-YC+OXY

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **EXPRESS FRAMING GENERAL LLC**

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COVER LETTER

TO: 1	Registration : Division of Co	Section orporations		4
SUBJEC	EXPRES	S FRAMING GENERAL LLC	5	
		Name of L	imited Liability Company	
The enclos	sed Articles o	f Amendment and fec(s) are si	physical for Eli-	
		ondence concerning this matter		
		MARTIN URIOSTEGU		
			Name of Person	
			Firm/Company	
		1503 FINNEY RD		
			Address	
		DAVENPORT, FL 33837	•	
		CRUZMARIA898@YAH	City/State and Zip Code	
			(to be used for future annual report notific	eation)
For further i	information co	oncerning this matter, please o		
MARTIN U	RIOSTEGUI		678 5702409	
	Name of	Person		Telephone Number
Enclosed is i	a check for th	e following amount:		
\$25.00 1	Filing Fee	☐ \$30.00 Fiting 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)
Reg Div P.O	lling Address gistration So rision of Co Box 6327 lahassee, Fl	ection prporations	Street Address: Registration Section Division of Corpoon The Centre of Tall 2415 N. Monroe Stallahassee, FL 32	rations lahassee treet, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXPRESS FRAMING GENERAL 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 Company were filed on 05/27/2022 _____ and assigned Florida document number L22000247055 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida Cliv

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.

New Registered Agent's Signature, if changing Registered Agent:

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>	Name	Address	Type of Action
AMBR	GIOVANNI URIOSTEGUI	1503 FINNEY RD	
		DAVENPORT, FL 33837	———— ■ Acd ————— □ Remove
			□Add
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			[] Change
			□Remove
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			□Remove
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			□Change
			□Add
			ПRеmove
			Change

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	Martin	Vivoster
Signature of a member or authorized representative of a member		Signature of a member or authorized representative of a member
		Martin Uriostegui
Martin Uriostegui		Typed or printed name of signee

Filing Fee: \$25.00