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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

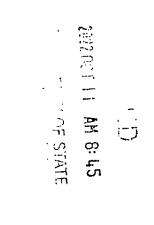
A. RIVERS

JAN = 4 2023



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COVER LETTER

TO:

Registration Section

Division of Co	orporations			
	ONES EXPRESS LLC			
SUBJECT:	Name of Limited Liability Company			
The enclosed Articles (of Amendment and fee(s) are subn	nitted for filing.		
	pondence concerning this matter t			
	JAVIER GUZMAN			
		Name of Person		
	INVERSIONES EXPRESS	LLC		
		Firm/Company		
	19370 COLLINS AVE AP	Г 1014		
		Address		
	SUNNY ISLES BEACH, F	П. 33160		
		City/State and Zip Code		
	USTUEMPRESA@GMAII	"COM to be used for future annual report notific	ention)	
For further information	n concerning this matter, please ca			
JAVIER GUZMAN		at () Area Code		
Nam	e of Person	Area Code Daytine	Telephone Number	
Enclosed is a check fo	r the following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
P.O. Box (on Section f Corporations	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, Fl.	porations allahassee : Street, Suite 810	

ARTICLES OF AMENDMENT • TO ARTICLES OF ORGANIZATION OF

INVERSIONES EXPRESS 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 $\frac{07/26/2022}{2}$ and assigned Florida document number $\underline{L2200}0331467$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NA The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) NA 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: NA Name of New Registered Agent: NA New Registered Office Address: Enter Florida street address __. Florida NA _____ Zip Code NA

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 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JAVIER GUZMAN	19370 COLLINS AVE APT 1014	
		SUNNY ISLES BEACH, FL 33160	■Remove
			☐ Change
AMBR EDGAR GORDILLO	EDGAR GORDILLO	19370 COLLINS AVE APT 1014	■Add
	SUNNY ISLES BEACH, FL 33160	□Remove	
			□Change
AMBR ENDER GORDILLO	19370 COLLINS AVE APT 1014	■Add	
	SUNNY ISLES BEACH, FL 33160	□Remove	
			□Change
NA	NA	NA	□Add
			□Remove
		☐Change	
NA NA	NA	□Add	
		□Remove	
		□Change	
NA NA	NA	NA	□Add
			□Remove
			□Change

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