122000459013

(I	Requestor's Name)	
(/	Address)	
(/	Address)	
(6	Dity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(8	Business Entity Name)	
(ĩ	Document Number)	
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UZU JUN -5 AM /* 54 SECRETARY OF STATE ALLAHASSEE, FLORIDA



COVER LETTER

TO: Registration Section Division of Corporations		
LIQ VOA F CC III	n	
SUBJECT: Name of Limited Lial	hility Company	
Think of Diffice Case	only company	
The enclosed Articles of Amendment and fee(s) are submitted	for filing.	
Please return all correspondence concerning this matter to the f	following:	
Ť	t.	
Beisy P Herr	Name of Person	
HRXPRESS	Film/Company	
14512 Bahama	Swald Blvd	
Winter Garden	FL 34787 State and Zip Code	
beisy on za ho E-mail juddress: (to be use	(IASS OT) co for future annual poport notification)	
For further information concerning this matter, please call:	O	
Beisy P Hernander Name of Person	at (<u>407</u>) 488 – 4938 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
Certificate of Status	\$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section	Street Address: Registration Section	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Companion (A Florida Limited Liability	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000459013</u> .	, 1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)	14512 Bahama Swalkiw Blud Winter Garden, FL 34787
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14572 Bahama Swallow Blvd Winter Gorden, FL 34787
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	SECRE
New Registered Office Address:	Enter Florida strect address Florida Florida
New Registered Agent's Signature, if changing Registered Agent:	City SACCONE C
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p	

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

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 Name Address Type of Action Beisy Plemander 14572 Bahama Swallow Blod DANG AMBR Winter Garden, FL 34787 DREMOVE 14042 Eylewood Drive Dado Winter Garden, 9L 34787 W Weremove Nelson Hernandez MGR Ismael Diaz MGR □Change □Add □Remove ☐ Change □Add □Remove ☐ Change □ Add □Remove

□Change