

L23 000035531 3

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LATIN AMERICAN TAXPRO
Account Number : I20220000106
Phone : (407)318-0823
Fax Number : (561)467-5851

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

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2023 JAN 27 AM 8:43
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CIOFFI EXPRESS SERVICES LLC

Certificate of Status	1
Certified Copy	0
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Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CIOFFI EXPRESS SERVICES 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 01/20/2023 and assigned
Florida document number L23000028796.

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)

5401 S. KIRKMAN RD. SUITE 310

ORLANDO FLORIDA 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5401 S. KIRKMAN RD. SUITE 310

ORLANDO FLORIDA 32819

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 _____
City Zip Code

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 Changing Registered Agent, Signature of New Registered Agent

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CIOFFI EXPRESS SERVICES LLC

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:

ANTONIO CIOFFI

Name of Person

Firm/Company

5401 S. KIRKMAN RD. SUITE 310

Address

ORLANDO FLORIDA 32819

City/State and Zip Code

ANTONIOCIOFFIR@GMAIL.COM

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL

2023 JAN 27 AM 8:43

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For further information concerning this matter, please call:

ANTONIO CIOFFI

407 953 1745

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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STATE OF FLORIDA
TALLAHASSEE, FL
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2023 JAN 27 AM 8:43
STATE OF ALABAMA
TALLAHASSEE, FL

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JANUARY 27, 2023

Antonio Gioffrè

Signature of a member or authorized representative of a member

Antonio Gioffrè

Typed or printed name of signee

Filing Fee: \$25.00

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