L23000031967

(Requestor's Name)					
(Address)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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(Document Number)					
Certified Copies Certificates of Status					
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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	S-XPRESS LL	.C nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	SAMSON	A. GEBEREHIWOT		
		Name of Person	S	545 545
	S-XPLESS LLC			بر مدر مرسم ، .
		Firm/Company		,
	27722	BREAKERS DR	67. 01.	- m
	21122	Address		, U
	MERCEY	CHAPEL, FL 3354	y	15
		City/State and Zip Code		
	E-mail address:	(to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please of	rall:		
SAMSON A.	GEBEREHIWOT	at (305) 509-	0940	
	f Person		e Telephone Number	
Enclosed is a check for the	ne following amount:			
S25.00 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 Stat Certified Copy (additional copy is end	tus &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5-XP1C	53.LLC	
(<u>Name of the Limited Liab</u> (A Flor	ility Company as it now appears on our rec da Limited Liability Company)	ord <u>s.</u>)
he Articles of Organization for this Limited Liability	Company were filed on	and assigned
orida document number		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the lin	mited liability company here:	
	****	-3
ne new name must be distinguishable and contain the words "L	imited Liability Company," the designation "I	LC" or the abbreviation "L.I_C"
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	DRESS)	
	5 i w · · · ·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
failing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registerent and/or the new registered office address here		ter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	P - 17 - 1 - 1	
	Enter Florida street ad	dress
		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 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>	Address	Type of Action
MER	SAMSON A. CEBEREHIU	NOT 27722 BREAKERS DR	i X Add
		WESLEY CHAPEL, FL 33544	□Remove
			☐Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Thange
			Remove
			□ Change
			□Add
			□Remove
			🗀 Change
			🗆 Add
			□Remove
			□Change

SAMSON

Typed or printed name of signee