## L23000100032

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

. TO:

Tallahassee, FL 32314

то:	Registration Division of C			
eun irz		Xpress LLC		
SUBJEC	JI:	Name of Lim	ited Liability Company	
The encl	osed Articles	of Amendment and fec(s) are sub	mitted for filing.	
Please re	eturn all corres	spondence concerning this matter	to the following:	
		Jesus Gonzalez		
			Name of Person	
		Loyalty Xpress LLC		
		-	Firm/Company	<del></del>
		2055 Brillante Dr		
			Address	
		Saint Cloud FL 34771		
			City/State and Zip Code	
		loyaltyxpress560@gmail.co		
For furth	er informatio	n concerning this matter, please ca	o be used for future annual report notification)	
Jesus go	nzalez		786 7311821	1
	Nam	e of Person	Area Code Daytime Telephone	Number
Enclosed	l is a check fo	r the following amount:		
■ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
	Mailing Add Registratio		Street Address: Registration Section	
	_	Corporations	Division of Corporation: The Centre of Tallahasse	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our record.	<u></u>
(A Florida Limited)	Liability Company)	<del>-</del> -
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L23000100032}{L23000100032}$ .	were filed on 02 /24/ 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>-</u>
Principal office address MUST BE A STREET ADDRESS)		
		77 0
		(2)
Enter new mailing address, if applicable:		TEN.
Mailing address MAY BE A POST OFFICE BOX)		
Muning address MAT BE A FOST OFFICE BOX		
	=::	<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	· ·
	r.i.	orida
		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

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
AMBR	Stephanie Carolina Alvarez	4415 Bluff Oak Loop. Kissimmee FL 34746	<b>=</b> Add
			□Remove
			□Change
AMBR	Ivanna Carolain Martinez Salas	2003 Claudia Ln. Kissimmee FL 34741	<b>=</b> Add
			□Remove
			□Change
			□ Add
			1 CD
			□ Change □ □ Change □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
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ord specifies a delayed effective da filed.	te, but not an effectiv	ve time, at 12:0	a.m. on the earli	er of: (b) The 90	th day after th
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