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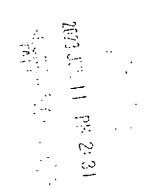
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
7-11-2023

Office Use Only



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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	DA EXPRESS		
SUBJECT:C	Name of Lim	ited Liability Company	······································
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter	_	
	Coyra	n Chauez	
		Name of Person	
	LRP	EXPRESS	
		Firm/Company	, ~a
	4600 N	wyth st Address	7872 C.L.
		Address	-11
	M	ami, FL 33126 City/State and Zip Code	<u> </u>
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		to be used for future annual report no	tification)
For further information co	oncerning this matter, please c	all;	
		at () Area Code Daytir	ne Telephone Number
Name of	t Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for th	ne following amount:	,	
\$ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S		Registration Se	
Division of C P.O. Box 632		Division of Co The Centre of	_
r.O. box 032 Tallahassee F			ralianassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limite	EXPLESS d Liability Company as A Florida Limited Liabil	it now appears on our re	cords.)	
The Articles of Organization for this Limited Lia Florida document number		e filed on <u>03 06 </u>	2023	_ and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liability	company here:		
The new name must be distinguishable and contain the wo	ede "Limited Liability C	omnany "the designation	"I I C" or the abbre	vistion "L. F. C."
Enter new principal offices address, if applica	•	ompany, the designation	C.	70.
(Principal office address MUST BE A STREET				(
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B				791 2: 2: 3: 3:
B. If amending the registered agent and/or reagent and/or the new registered office address		ess on our records, <u>e</u>	nter the name o	f the new registered
Name of New Registered Agent:	Romy Tu	er0		
New Registered Office Address:	4600 NW	4 5+ Enter Florida street a	ddress	
	Hiami	Cin.	, Florida <u>3</u>	31 26 Zip Code
New Registered Agent's Signature, if changing Ro	egistered 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>	Name	Address	Type of Action
MGR	Loynon Chavez	4000 NW 457	
		Miami, FL 33126	□ Remove
			X Change
Agent	Bomy Tuero	4600 NW 95+	□Add
		Hiam: FL, 33126	□Remove
			CChange
			🗆 Add
			Remove
			<u>Change</u> —
			— □Add N: ∴ □Remove
			
			□ Add
			□ Remove
			□Change
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			Change

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(optional) 0 days after filing.) Pursuant to 605. ments, this date will not be liste	5.0207 ed as
12:01 a.m. on the earlie	er of
ber	
1	0 days after filing.) Pursuant to 60: ments, this date will not be list 12:01 a.m. on the earli