L23000101899

(Re	questor's Name)	
(Ad	dress)	
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COVER LETTER

TO: Registration Section of Corporation of Corporation of Corporation of Corporation (Corporation)	orations
SUBJECT: BRO	Thores Solution EXPNESS Name of Limited Liability Company
	Name of Limited Liability Company
The enclosed Articles of A	mendment and fee(s) are submitted for filing.
Please return all correspond	dence concerning this matter to the following:
	HOTOR 10p82
	rame of reason
	BNOThers Solution express Firm/Company
	Firm/Company
	22726 GAGE LOOP 48 APT
	34639 LAND O LAKES FL City/State and Zip Code BNOTHERS SOLUTION EXPLESS @ GMST. COM E-mail address: (to be used for future annual report notification)
	City/State and Zip Code FINAT THE RESERVE SOLUTION FOR THE SECOND CHARLES OF THE SECOND
	E-mail address: (to be used for future annual report notification)
For further information cor	neerning this matter, please call:
Hector	Person at (239, 355 2237) Area Code Daytime Telephone Number
Name of I	Person Area Code Daytime Telephone Number
Enclosed is a check for the	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) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

John Hers Soluli	1	•	
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on nited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Complex Horida document number $\frac{L23000101899}{L2300010189}$.	pany were filed on O	2-27-23	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company here:		
BY OHIETS SOLUTION E The new name must be distinguishable and contain the words "Limited	XPIRSS LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the design	ation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>		<u> </u>
		- Pro *	<i>(</i> 2)
Enter new mailing address, if applicable:		7. 7. 24	F .
(Mailing address MAY BE A POST OFFICE BOX)		တ် <u>င</u> က	
Withing duaress WAT BE AT UST UPTICE BUAY	··· <u>-</u> -	<u> </u>	ر کر ا
		<u>""</u>	\$ ₩
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our recor	ds, <u>enter the name of</u>	the new register
Name of New Registered Agent:			· - · -
New Registered Office Address:			
	Enter Florida si	reet address	
		, Florida	
	City	Z	ip 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>	<u>Address</u>	Type of Action
MGR	HECTOR LUPES	22726 GAGE LOUD APT 48 34639 LAND OLAKES, FL	28 Add
		34639 LNO OLAKES, FL	Remove
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