133000133847

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

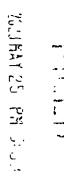
Office Use Only



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05/25/23--01006--020 **35.00

7/19/23 VW



COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Mor	ndelus Express	5, LhG	
SOBSECT	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kenson	Mondelus	
		Name of Person	
		Firm/Company	
	.000	1 la M -	_
	1826 Laude	-dale Manars Dr	·
	Fort hauder	City/State and Zip Code	
	m liles	City/State and Zip Code	- M
	E-mail address: (xpress 16 amail. Groot be used for future annual report notification	fication)
For further information c	oncerning this matter, please ca	all:	
	- -		200
hemson M	londelus	at (786) 232 -	・ 25 27 e Telephone Number
Name o	f Person	Mea Code Daytini	e reseptione (vuinber
e i i i i i a	C 11		
Enclosed is a check for the	-		7 A 4 0 00 PW P
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
		(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

COVER LETTER

Amendment Section

TO:

Division of Corporations
SUBJECT: Mondelus Express, LLG Name of Corporation
DOCUMENT NUMBER: 123000122847
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kenson Mondelus Name of Contact Person
Firm/Company
1826 hauderdale Manors Dr
Address * Constitution of the constitution of
City/State and Zin Code
1826 Lauderdala Manors Dr Address Fort Lauderdala Fh 33311 City/State and Zip Code Mondelus Express la amail · Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kemson Mondelus Name of Contact Person at (786), 232 - 2529 Area Code & Daytime Telephone Number
Name of Contact reison Area Code & Daytine Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section **Division of Corporations** P.O. Box 6327

Tallahassee, FL 32314

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

CR2E045 (04/13)

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

(Name of the Limited	xpress L Liability Company	as it now appears on	our records.)		
The Articles of Organization for this Limited Liab	oility Company w			and a	ssigned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liabili	ty company here:			
The new name must be distinguishable and contain the wor	ds "Limited Liability	y Company," the design	nation "LLC" or the ab	breviation "	L.L.C."
Enter new principal offices address, if applicat	ole:		<u> </u>	- [-	
(Principal office address MUST BE A STREET	ADDRESS)			TR	- C
				رن ات	:
Enter new mailing address, if applicable:				PH	, 1
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>			() ()	Magazini P
				•	
B. If amending the registered agent and/or regagent and/or the new registered office address		dress on our reco	rds, <u>enter the nam</u>	e of the n	ew register
Name of New Registered Agent:	Kenson	Mondelus	5		
New Registered Office Address:	1826 ha	uderdale (Enter Florida s	Manas Da		
		iderdale			 e
Naw Designated Agent's Signature if changing Do		, 1		<i>(</i>	

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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Agent	Ing Authority RA	390 North Orange Ave Ste 2300-N orlando Fh 3	□Add 280 X Remove
			□Change
Agent	Kemson Mondelus	1826 handerdala Manors Dr	St Add
•		1826 handerdala Manors Dr Fort handerdala 33311	□Remove
			□Change
			DbAC
			□Remove
			□Change
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If an eff Note:	ive date, if other than the date of filing:
e recor rd is fi	rd 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 fled.
Dated	May 22 , 2023.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00