L23000164424

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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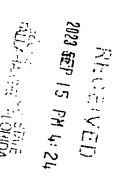
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23 SEP 15 PH 4+ 16



COVER LETTER

Division of Corporations
SUBJECT: Sakura Lynn Express LIC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Aryun Monroe Name of Person
Firm/Company
Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Aroun Monroe at (904) 7247 220 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section
Division of Corporations Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 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		TILED	
(Name of the Limited Liability Companion (A Florida Limited Liability Companion)	voress.	EP 15 PH 41 16	_
(Name of the Limited Liability Compan (A Florida Limited Li	ability Company) '-[HASSEF FIGURE	
			and assigned
The Articles of Organization for this Limited Liability Company v	vere filed on	<u>510</u> 3a	na assigned
Florida document number <u>L23000164424</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
•			
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the design	nation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
muning duaress may be made of 1.100 a may			
B. If amending the registered agent and/or registered office a	ddress on our reco	rds, enter the name of (the new registered
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	struct address	
	Emer r tortaa	antel tuutota	
		, Florida	ip Code
	City	2.	pode

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 temoved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGB	Cordell Brooks	1016 Las Robida Drive	□Add
		Jamponilly, M 30011	Remove
			□Change
MGR	Arjun Monroe	12021 McCorning Rd	MAdd
		#1402 Jewonille, FI	□Remove
		32225	□ Change
MGR	Warren Monroe	12021 Mc Cornick RJ	[Add
		#1002 Jackgonville, FI	□Remove
		7225	□Change
			🗆 Add
			□Remove
			🗀 Add
			□Remove
			Change
			□Add
			□Remove

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
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-	
Note:	tive date, if other than the date of filing: [Rective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
he reco	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 filed.
Dated	Signature of a member or authorized representative of a member Montou Typed or printed name of signee
	Δ_{α}
	Signature of a member or authorized representative of a member
	1. A

Filing Fee: \$25.00