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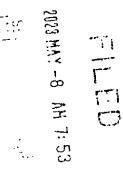
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A. RIVERS JUN 28 2023

COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

CUB IDZYC.		EXPRESS LLC			
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing			
	ondence concerning this matter				
		Alan Martinez			
		Name of Person			
		Simplex Group			
		Firm/Company			
	75	500 NW 52ND ST, Suite 100			
		Address			
		MIAMI FL 33166			
		City/State and Zip Code			
		permits@simplexgroup.net			
	E-mail address: (to be used for future annual report not	dification)		
For further information c	oncerning this matter, please c	all:			
Alan M	Martinez	305 at () Area Code Daytin	5998287		
Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for t	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres		Street Address:	estion		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	XPRESS LLC		
(Name of the Limited Liability Compa (A Florida Limited	i <mark>ny as it now appears</mark> Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	04/03/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company her	<u>'e</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de-	signation "LLC" or the	
Enter new principal offices address, if applicable:			75 E T
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			8 TT
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	cords, <u>enter the n</u>	ame of the new registers
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	da street address	
		, Florida	
	City	,	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	Marthaline Louis	625 SAVANNAH PRESERVE LOOP	≣Add
		DAVENPORT, FL 33837	□Remove
			[]Change
			□ Remove
			[]Change
			□Add
			□Remove
			Change
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			□Remove
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record speci is filed.	ifies a delayed effective date,	but not an effectiv	e time, at 12:01 a.	m. on the earlier of:	(b) The 90th day at	iter the
ated	April 24th	, 2023				
_	Signat	ire of a member or a	Hy Ren Gu	Arve of a member		
		1:111	Y RENFORT			

Filing Fee: \$25.00