## L23000235214

(Requestor's Name)
(Address)
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## **COVER LETTER**

TO: Registration Section Division of Corporation			<b>A</b>
SUBJECT: Ma. t	Landyman (Name of Limi	ted Llability Company	
The enclosed Articles of An Please return all corresponde			
	1347 America	Name of Person  Name of Person  Phin/Company  En Chu D.  Address  City/State and Zip Code  Ohot mail. Com.  o be used for future annual report notifi	
For further information cond		·	cation)
Jorge Delpin Name of Pe	<b>NO</b>	at ( <u>207</u> ) <u>991 – 2</u> Area Code Daytime	Telephone Number
Enclosed is a check for the I	ollowing amount:		
□ \$25.00 Filing Fee	S30.00 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 Address:		Street Address:	

Registration Section
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



MR. HANI	dyman E	XPRESS, L	-LC	2023 AUG -4	AM 11: 25
(Name of the Lin	mited Liability Com (A Florida Limite	pany as it now apped Liability Company	ars on our record )	S) SECTION SECTION	GE STATE
The Articles of Organization for this Limited	Liability Compar	ny were filed on _	May 12,	20 <i>23</i> and a	issigned
Florida document number <u>L2300023</u>	5214				
This amendment is submitted to amend the fo	ollowing:				
A. If amending name, enter the new name	of the limited lia	ability company	<u>here</u> :		
The new name must be distinguishable and contain th	e words "Limited Lic	bility Company," the	designation "LLC	" or the abbreviation "	1L.C."
Enter new principal offices address, if app	licable:				
(Principal office address MUST BE A STRI	<u>EET ADDRESS)</u>	<del></del>			
					<del></del>
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFIC	E BOX)				
					· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/o agent and/or the new registered office add	*,*	e address on our	records, enter	the name of the r	iew reg <u>ist</u> ered
Name of New Registered Agent:					
New Registered Office Address:		Enter Fi	lorida street addres	s	
			, Flo	orida	breviation "L.L.C."
		City		Zip Сос	le .

## 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 removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
<u>AMBR</u>	Jorge Delpino	1347 American Em Dr Altamonte Springs, FL 32714	
			□Remove
			□Change
			□Add
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ective (	date, if other than the date of filing: (optional)	
reffectiv <u>te:</u> If tl	re 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list	5.026 ied=
ument'	s effective date on the Department of State's records.	
cord sp s filed.	ecifies a delayed effective date, but not an effective time, at/12:01 a.m. on the earlier of: (b) The 90th day after	r th
s med.		
ed	August 4th 2023	
	le Min trace	
	Signature of a member or authorized representative of a member	
	Jorge Delpino Typed of printed name of signee	

Filing Fee: \$25.00