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COVER LETTER

	gistration Sec rision of Corp			
	NP EXPRES			
JUBJECT:			ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	idence concerning this matter	to the following:	
		Filing MichaelD		
			Name of Person	
		ZenBusiness Inc.		
			Firm Company	
		336 E College Ave., Sie 30	I	
			Address	
		Tallahassee, FL 32301		
		fulfillment@zenbusiness.co	City/State and Zip Code m	
		E-mail address: ()	o be used for future annual report notification)	
For further in	nformation co	ncerning this matter, please ca	ıll:	
Filing Mich	aeH) c/o ZenF	Business Inc.	844 493-6249 at ()	
	Name of	Person	Area Code Daytime Telephone :	Number
Enclosed is a	check for the	e following amount:		
■ \$25,00 i	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Contadditional copy is enclosed) Contadditional copy is enclosed)	0.00 Filing Fee. ertificate of Status & ertified Copy Iditional copy is enclosed)
Re Div P.C	iling Address gistration Se vision of Co), Box 6327 Hahassee, F	ection orporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, S Tallahassee, Ft. 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NP EXPRESS LLC

ompany has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on <u>05/17/2023</u>	and assigned	
lorida document number 1.23000243038			
his amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liab	ollity company here:		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."	
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
. If amending the registered agent and/or registered office :	address on our records,	enter the name of the new registere	
gent and/or the new registered office address here:			
NI CNI DELLA			
Name of New Registered Agent:			
New Registered Office Address:	Estar Manuela strend	address	
·	Ciry	Florida	
ew Registered Agent's Signature, if changing Registered Agent:		,	
hereby accept the appointment as registered agent and agr		. I familian arms to assembly with th	
rovisions of all statutes relative to the proper and complete	performance of my duti	ies, and I am familiar with and	
eccept the obligations of my position as registered agent as j	provided for in Chapter	605, F.S. Or, if this document is	

eing filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Fitle</u>	Name	<u>Address</u>	Type of Action
AMBR	Tania Bocanegra	20499 via Marisa	■ Add
		Boca raton , FL 33-498	□Remove
			□ Add
			□Remove
			
			□Remove
			□Change
·			
			TRemove
			□Change
			TRemove
			□Change
			□Remove

			
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ffective date, if other than the	date of filing:		(antional)
an effective date is listed, the date mus (ote: If the date inserted in this bloocument's effective date on the De	t be specific and cannot be prior to ock does not meet the applicable	date of filing or more than 90 c	days after filing.) Pursuant to 605.0203
record specifies a delayed effective Lis filed.	: date, but not an effective time	, at 12:01 a.m. on the earli	er of: (b) The 90th day after the
ated	2023		
/s/ Luis Fe	lipe Guzman		
/s/ Luis Fe	lipe Guzman Signature of a member or authorize	ed representative of a membe	r