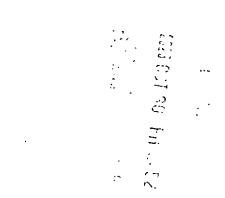
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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A. RIVERS NOV 7 2023

COVER LETTER

TO: Registration Se Division of Cor		•	
SUBJECT: Lamp	sells And Son Flecte Name of Lim	xpress LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspo	ndence concerning this matter	to the following:	
	- (Puntobur	Campbell Name of Person	
		SON Fleet-express LLC Firm/Company	
	4003 Mestle	Address Agy 204	
	Tampa, FL 33	City/State and Zip Code	
	Chris Cambell 08 E-mail address: (by Samail. Com	lication)
For further information co	oncerning this matter, please co	aff:	
Christopher Name of	Terson	at (<u>305</u>) <u>314 - 1</u> Area Code Daytime	1679 : Telephone Number
Enclosed is a check for th	e following amount:		
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	<u>s:</u>	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

(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our re liability Company)	ecords.)	
The Articles of Organization for this Limited Li		were filed on Ob/29/2	or)	and assigned
Florida document number 43000311444	·			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designation	'LLC'' or the abbr	eviation "L.L.C."
Enter new principal offices address, if applic	able:	4604 49Th Str	uct N.	<u>.</u>
(Principal office address MUST BE A STREE	T ADDRESS)	St. Peterbung,	FL 33700	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE a	<u>BOX)</u>	4604 49th Str		
B. If amending the registered agent and/or reagent and/or the new registered office address		ddress on our records, <u>er</u>	nter the name	of the new registered
Name of New Registered Agent:	_Cameba	all Christopher	r	and the second s
New Registered Office Address:	पठ०५ पुर्	Th Street 1.	idress	
	St. Setect	ourg Cay	, Florida	337.09 Zip Code
New Registered Agent's Signature, if changing R	legistered 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>	Name	Address	Type of Action
MGK	Amiri Campbell	4604 49th St. W. St. Petersburg	<i>F</i> □ Add
			XRemove
			□Change
MGR	Christopher Campbell	4604 49Th St. N. St. Petersburg, FL	bbA X i EOCI E
			□Remove
			XiChange
AMBR	Charity Cillesus	4604 49th St. N. St. Petersburg, FL	∑/J0 9 ⊠ (Add
			□Remove
			Change
			🗆 Add
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			□Change
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			□Remove
			□Change
			□Add
			□Remove
			□Change

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Filing Fee: \$25.00