## L23000375440

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(Address)
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(City/State/Zip/Phone #)
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## COVER LETTER

Tallahassee, FL 32314

			COVEREDITER					
TO:	Registration So Division of Cor							
		RESS USA LLC						
SUBJE	СТ:	Name of Lin	nited Liability Company					
		'Amendment and fee(s) are sub	·					
1 10430 1	ctuin an correspo	ondence concerning this matter	to the following.					
		GRETHEL A RAMOS M	ARTINEZ					
			Name of Person					
		M&M XPRESS USA LLO						
			Firm/Company					
Address SWEET WATER, FL 33172								
					City/State and Zip Code			
							E-mail address: (	to be used for future annual report notification)
For furt	her information c	concerning this matter, please c	ali:					
GRETI	IEL A RAMOS I	MARTINEZ	786 381-8435					
Name of Person		of Person	at ()					
Enclose	d is a check for t	he following amount:						
\$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)					
	Mailing Address	<del></del>	Street Address:					
	Registration S Division of C		Registration Section Division of Corporations					
	P.O. Box 632		The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 AUG 29 AH 7: 57

M&M XPRESS USAILLC

(Name of the Limite	ed Liability Company as it now appears or (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Li. Florida document number L23000375440	• •	2/2023 and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)	
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office address on our reco s here:	rds, enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida :	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

Title	<u>Name</u>	Address	Type of Action
MGR	BAYARDO A MARTINEZ	1845 NW 112 AVE BAY 204	Add
		SWEET WATER, FL 33172	,
			□Change
			⊡Add
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i an etic Note:	ive date, if other than the date of cetive date is listed, the date must be specific the date inserted in this block does nent's effective date on the Department.	cific and cannot be prior as not meet the applic	to date of filing or more that the statutory filing rec	(optional) nan 90 days after filing.) Pu quirements, this date wil	rsuant to 605,0207 I not be listed as
record d is file	d specifies a delayed effective date, l led.	out not an effective ti	me, at 12:01 a.m. on th	ne earlier of: (b) The 9	Oth day after the
	AUGUST 22	2023			
Pated _	Col Front	<u></u>	<u> </u>		
Dated _	( A Facul	re of a member or author	orized representative of a	member	

Filing Fee: \$25.00