# L23000378639

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SECRETARY OF STATE

### **COVER LETTER**

Division of Corporations
SUBJECT: Papa GS EX OYESS UL Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
antonia Hernandez Name of Person
Papa GS Express CCC
5925 Imperial PKWg site 110 Mulberry F1 35860
City/State and Zip Code  Daton QS Oxo COCC [/ ( Q A Mail + (om)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
AntoNia Hernandez at (813) 330 9354  Area Code Daytime Telephone Number 355
Name of Person  Area Code  Daytime Telephone Number  Daytime Telephone Number  Solution Telephone Numb

**Registration Section** 

TO:

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
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 Limited Liability Comp. (A Florida Limited)	any as it now appea Liability Company)	rs on our records.)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number 4230003781039	were filed on	8/10/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	e <u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the d	esignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		SEC	2023
(Mailing address MAY BE A POST OFFICE BOX)			AUG II
			25
B. If amending the registered agent and/or registered office and and/or the new registered office address here:	address on our re	ecords, enter the name	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:		-	
	Enter Flori	ida strvet address	
<del></del>		Florida	
New Registered Agent's Signature, if changing Registered Agent:	City		Zip Code
hereby accept the appointment as registered agent and agreen or oversions of all statutes relative to the proper and complete provisions of all statutes relative to the proper and complete procept the obligations of my position as registered agent as precing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of i rovided for in C	my duties, and I am fo hapter 605 F.S. Or i	miliar with and Ethis document is

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 er removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address Al Tolal as Do	Type of Action
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Effective date, if other than if an effective date is listed, the da Note: If the date inserted in the document's effective date on the second	te must be specific a his block does not	ng: nd cannot be prio meet the applie	cable statutory fi	more than 90 days at	ti <b>onal)</b> er tiling.) Pursuant to 6 ais date will not be li	05.0207 ( sted as t
e record specifies a delayed effect is filed.	fective date, but no	ot an effective t	ime, at 12;01 a.n	ı. on the earlier of: (	b) The 90th day af	ter the
Dated august 1	7,202	23	·			
O	,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
	Signature of 8	A THE	orized-representati	ve of a member	<del>-</del>	

Filing Fee: \$25.00