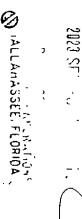
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Office Use Only



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FINANCE SEP-FILE
9 708/25 FILE
9 708/25





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COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT:	Exprezz C	EBUING SERVICES ed Liability Company	,LLC
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
		Robin Polk Name of Person	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Expaezz C	NEANING SERVICES,	LLC
	7901 44	' ST N. STE 300 Address	<u> </u>
		Raturg FL 337C City/State and Rip Code	
	E-mail address: (id	DREZZC E ANIMOSE be used for future annual report no	<u>evices.com</u> tification)
For further information conc	eerning this matter, please cal	1:	
TCSON JEANS	ERRE SR	·· · · · · · · · · · · · · · · · · · ·	1.5383 me Telephone Number
Enclosed is a check for the f	following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

The Assistant Communication for this Limited Linkillian Comm	annum filed on Asserve + 16 2023 and against
	any were filed on August 16, 2023 and assigned
Florida document number <u>La3000385021</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	. S
(Principal office address MUST BE A STREET ADDRESS	
	7
	ASS 8 1
Enter new mailing address, if applicable:	Ser R
(Mailing address MAY BE A POST OFFICE BOX)	FEA
	<u> </u>
D. If amonding the registered agent and/or registered of	ine address on our records, enter the name of the new registered
agent and/or the new registered office address here:	ice address on our records, enter the name of the new registered
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 Age	ent:
provisions of all statutes relative to the proper and compa	agree to act in this capacity. I further agree to comply with the lete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is fice address, I hereby confirm that the limited liability

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	Name	Address	Type of Action
MGR	Robin m Polk	1255 SW 1018+ TER., Apt. #30-	1 _□Add
		Pembaoke Pives, FL 33025	Remove
			t Change
<u>MGR</u>	I CSON JEANPREARE SR	15740 NW and AVE, Apt. #C	□ Add
		Miami, FL 33169	□Remove
			Change
			□Add
			□Remove
			□Change
			🗆 Add
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i effe <u>te:</u>	ve date, if other than the date of filing:
s til	
ed_	September 8 . 2023
	September 8 . 2023 Signature of a member or authorized representative of a member
	Robin Type for printed name of signer
	Robin Polk