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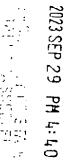
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Office Use Only



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COVER LETTER

Divis	ion of Cor	porations				
EUDIECT.		PRO SUPPLIES LLC				
SUBJECT:						
The enclosed /	Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return a	ill correspo	ndence concerning this matter	to the following:			
		Shahid S Khoja				
			Name of Person			
			Firm Company			
		195 Magnolia Park Trail				
			Address			
		Sanford, FL 32773				
			City/State and Zip Code			
		sskhoja@gmail.com	to be used for future annual report no	407-41-3		
For further info	ormation co	oncerning this matter, please ea	•	mcadon)		
Shahid S Khoj		- ·	303 523-7093			
	Name of	Person	at ()Area Code Daytii	me Telephone Number		
Enclosed is a c	theck for th	e following amount:				
■ \$25.00 Fil	ing Fec	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	ng Address stration S		Street Address: Registration So	ection		

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

TO:

Registration Section

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

EXPRESS PRO SUPPLIES LLC	
(Name of the Limited Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were fil	ed on $\frac{9/18/2023}{}$ and assigned
lorida document number L23000432723	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
he new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	209
	- S
	EP 2
enter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	
	1.00 E
	-
 If amending the registered agent and/or registered office address gent and/or the new registered office address here: 	on our records, <u>enter the name of the new regi</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
City	, Florida

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	KAMRUDDIN MITHANI	1614 WHITNEY ISLES DRIVE WINDERMERE, FI	L □Add
			=Remove
			_ □Change
			_ □Add
			_ □Remove
			Change
			□ Add
			_ □Remove
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(If an effecti	date, if other than ve date is listed, the date inserted in thi	must be specific and car	anot be prior to date o	of filing or more than 90	(optional) days after filing.) Pursuant to tents, this date will not be	o 605.0207 (3
document	's effective date on the	e Department of State	e's records.	amony ming requiren	ents, this date will fire be	. Hated as th
he record spord is filed.		ctive date, but not an	effective time, at 1	2:01 a.m. on the earl	ier of: (b) The 90th day	after the
Sep Dated	ptember, 20th		2023			
<u></u>		// , -	•			
				presentative of a memb		

Filing Fee: \$25.00

Typed or printed name of signee