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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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3/14/24 KH

COVER LETTER

TO: Registration S Division of Co		•	
SUBJECT: CXP	ress Renfair Name of Lim	15, LLC ited Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter	· ·	
	Rooseve 1+		
	express	- Rentals. L	LC
	<u>272 n</u>	W 79th ave	
		Le FL, 3306 City/State and Zip Code	
	Moo Sevel E-mail address: (to be fixed for future annual report notice	
For further information of	concerning this matter, please ca	all:	5
RooSeye / Name o	H JOSOJA of Person	at (<u>561)</u> <u>201-</u> Area Code Daytimo	-8085 e Telephone Number
Enclosed is a check for t	he following amount:		1 11 0
区 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration Division of C	Section	<u>Street Address:</u> Registration Sec Division of Cor	

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

Express 1	2 en fals. LL C ed Liability Company as it now appears on (A Florida Limited Liability Company)	
[Name of the Limit	ed Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Li	iability Company were filed on <u>0</u> 2	2 - 01 - 2024 and assigned
Florida document number <u>[_24<i>00006</i></u>	68073	
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	f the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	2
		1, 63
B. If amending the registered agent and/or r agent and/or the new registered office addres		rds, enter the name of the new registere
agent and or the new regiment of the address		<i>ग</i> र्
Name of New Registered Agent:	Joyce Elliott-	telucien 5
New Registered Office Address:	Enter Florida s	[1]
		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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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