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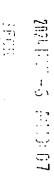
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF EXPRESS

( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our record bility Company)	<u>ls.</u> }			
The Articles of Organization for this Limited Liability Company w Florida document number (24000110127	ere filed on	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabili	ty company here:				
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC	" or the abbreviation "11C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)		**			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, <u>enter</u>	the name of the new registered			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street addre	333			
	City	Zip Code			
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as prheing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, a ovided for in Chapter 605.	ind I am familiar with and , F.S. Or, if this document is			

If Changing Registered Agent, Signature of New Registered Agent

## **COVER LETTER**

TO: Registration Section

Division of Corp	porations		
F &	F FITTE F	= X PRESS	
SUBJECT: ← \u2212	E ELITE L	nited Liability Company	
		to the my	
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Evens Es-	Name of Person	
		Name of Person	
	FRF F	life France	
	LUCLI	Firm/Company	
		,	
	3803 Windson	Ave	<u> </u>
		Address	
	West Palm B	Brack F1 3340	7
	V-C)- T-(IPIT D	City/State and Zip Code  290@ gmail. Com  (to be used for future annual report noti	fication)
	Evensestiverne	90@ gmail. Com	
	E-mail address: (	to be used for future annual report noti	fication)
For further information co	oncerning this matter, please o	ail:	·
		er ( ) 21	-2729 le Telephone Number
Evens Estiv	PTAC	at ( ) 5 / 4 -	Tolophone Number
Name of	Person	Area Code Dayum	te retephone Number
Enclosed is a check for th	e following amount:		
전 \$25.00 Filing Fee		□ \$55.00 Filing Fee &	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
		•	(additional copy is enclosed)
Mailing Address Registration S		<u>Street Address:</u> Registration Se	ction
Division of Co		Division of Cor	
P.O. Box 632	-	The Centre of T	•
Tallahassee F	3 32314	2415 N. Monro	e Street Suite 810

Tallahassee, FL 32303

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
AP	Enock Estiverne	1152 14th Ave N	_ □Add
		Lake Worth FL 33460	_ Remove
			Change
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effective date is	listed, the date	must be specif	fic and canno				90 days after	filing.) Pu	rsuant to 605.020
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cord specifies	a delayed effe	ctive date, by	it not an ef	fective time	e, at 12:01 a	ı.m. on the e	arlier of: (b)	The 90	Oth day after the
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