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COVER LETTER

TO:

Registration Section
Division of Corporations

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

SUBJECT:	Express Rea	•				
SUBJECT:		Name of Limi	ted Liability Company		•	
The enclosed	l Articles of Ar	mendment and fee(s) are subr	mitted for filing.			
Please return	all correspond	lence concerning this matter t	to the following:			
		Vivian Dalencour				
		· · · · · · · · · · · · · · · · · · ·	Name of Person			
		Express readings LLC				
		Firm/Company				
		110 south shore drive ap	ot 3B			
			Address			
		Miami Beach Florida 331	41			
		City/State and Zip Code				
		Expressreadings305@gmail.com E-mail address: (to be used for future annual report notification)				
For further is	nformation con	cerning this matter, please ca	d1:			
Erik Penara	anda		786 781-7	7180		
	Name of P	erson		Daytime Telephor	e Number	
Enclosed is a	check for the	following amount:				
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	:d)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u> Ma</u>	iling Address:		<u>Street Addi</u>	<u>ess:</u>		

Registration Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Express readings LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ______ _____ and assigned Florida document number ____L24000147601 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 Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address ____, Florida ___ City

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 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
Member	Erik Penaranda	8 Preston A, Boca Raton FI 33434	LYAda
			□Remove
			□Change
Member	Deryll Burkhead	613 N Oxford ave los angeles CA 90004	ill Add
			□ Remove
			□Change
			□Add
			□ Remove
			□ Change
			□Add
			□ Remove
			□Change
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rective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or the: If the date inserted in this block does not meet the applicable statutory filing current's effective date on the Department of State's records. Second specifies a delayed effective date, but not an effective time, at 12:01 a.m. is filed. June 4th 2024 Signature of a member or authorized representative date.	on the earlier of: (b) The 90th day aft	