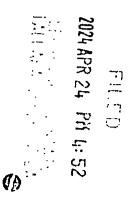


(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificat e s	of Status
Special Instructions to I	Filing Officer:	





04/24/24 -01014--014 **25.00



COVER LETTER

Division of Corpo	erations		
SUBJECŢ:		OUTION EXPES	S L.L.C
The enclosed Articles of Ar	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	Melia	SSOX A, MITCH Name of Person	ell
		Firm/Company	
	1720 Bra	oker Rd	
	Jacksonu	City/State and Zip Code	2207
	E-mail address: (t	20 Mel 1459 (© Cook of be used for future annual report notifications)	
For further information con	cerning this matter, please ca	dł;	
Melissa A Name of P	Mitchell	at (<u>843</u>) <u>459</u> Area Code Daytime	-8464 e Telephone 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 enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	ction	Street Address:	etion

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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Windsor	Courier &	XDRESS L.L.C
(Name of the Limited Liabil (A Florid	ity Company as it now appear a Limited Liability Company)	irs bn our records.)
The Articles of Organization for this Limited Liability (Florida document number <u>L24000176378</u>		04-15-2024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company h	ere:
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADD	RESS)	
	<u></u>	224
Enter new mailing address, if applicable:		FII APR 24
(Mailing address MAY BE A POST OFFICE BOX)		
	N	<u> </u>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our	
Name of New Registered Agent:		
New Registered Office Address:	Enter Flo	orida street address
	City	, Florida 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 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

It amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ac or removed from our records: MGR = Manager AMBR = Authorized Member Title Name Type of Action Address 1720 Brooke Rd Melissa A. Mitchell Jacksonville, FL 32207 DANG MGR □Remove Brianna A ternell 15888 Lexington Park Blud Jacksonville FL 32218 Bremove _____ □Change ☐ Change □Remove _____ □Change ___ □Remove _____ 🗆 🖂 Add _____ □Change

							
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f an effect Note: - If	e date, if other that tive date is listed, the da the date inserted in t at's effective date on	ite must be specif this block does	fic and cannot be not meet the a	pplicable statutor			
e record s d is filed	specifies a delayed ef L	ffective date, bu	at not an effect	ive time, at 12:01	a.m. on the earl	ier of: (b) The 9	Oth day after the
Dated	April 22	·	20:	24	, , i, , ,)		
		Signature	Melus For a member or	a H W	ntative of a member	er .	