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COVER LETTER

TO:

Registration Section

Division of Corp	ocations				
SUBJECT:		4AXpress LLC			
30 B3ECT.		ited Liability Company	-		
The enclosed Articles of A	amendment and fee(s) are sub	omitted for filing.			
Please return all correspon	idence concerning this matter	to the following:			
	Adja C. Da Silva				
	_	4AXpress LLC	72		
		Firm/Company			
		108 Woodhaven Dr			
		Address			
		Palm Coast, Florida 32164			
		City/State and Zip Code 4axpressllc@gmail.com			
	E-mail address: (to be used for future annual report no	otification)		
For further information co	ncerning this matter, please c	all:			
Ariadeny D	a Silva	at (201)	562-6492		
Name of	Person	Area Code Dayti	me Telephone Number		
Enclosed is a check for the	e 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 Registration Se		Street Address:	ection :		
Division of Co	orporations	Registration Section Division of Corporations			
P.O. Box 6327 Tallahassee, F		The Centre of	Tallahassee oe Street, Suite 810		
ranamasee, r	., , , , , , , , , , , , , , , , , , ,	Tallahassee, F			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4AXpress LLC

(<u>Name of the Limited Liability</u> (A Fiorida L	Company as it now appears (imited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Con Florida document number	mpany were filed on	4AXpress LLC and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here	:
The new name must be distinguishable and contain the words "Limited	d Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>(SS)</u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered of	ffice address on our reco	ords, enter the name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
-		, 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
MGR	Adja C. Da Silva	108 Woodhaven Dr. Palm Coast, Florida 32164	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Remove
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	- <u>-</u>		⊡Add
			□Remove
			□Change

				
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ective date, if other than the effective date is listed, the date in set: If the date inserted in this lument's effective date on the	ust be specific and cannot be prid block does not meet the appl	or to date of filing or more th icable statutory filing req	ian 90 days after filing.) Pu	
cord specifies a delayed effect	ive date, but not an effective	time at 12:01 am on th	e earlier of: (b) The 90	ith day after the
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ud Jone 21 Aug	Veluet Ja Signature of a member or aut	horized representative of a	member	· · · · · · · · · · · · · · · · · · · ·