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COVER LETTER

Tallahassee, FL 32314

	Registration So Division of Co					
SUBJEC		EXPRESS COURIER SERVI	CES			
SUBJEC	JI:	Name of Lin	nited Liability Company	<u> </u>		
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		· Tavares Leatherwood				
			Name of Person			
		TEE-5IVE EXPRESS CO	URIER SERVICES			
			Firm/Company			
		2916 FUNSTON ST. APT	r. 48			
		Address				
		HOLLYWOOD,FLA.33020				
City/State and Zip Code lwood4life@yahoo.com						
		E-mail address: (to be used for future annual report noti	lication)		
For furthe	er information c	oncerning this matter, please ca	all:			
Tavares I	leatherwood		786 355-9559			
	Name o	f Person	at () Area Code Daytim	ne Telephone Number		
Enclosed	is a check for th	ne following amount:				
■ \$25.0	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 Addres Registration S		Street Address: Registration Sec	ction		
	Division of C P.O. Box 632		Division of Cor The Centre of T	porations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TEE-5IVE EXPRESS COURIER SERVICES

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida	a Limited Liabil	ty Company)		
The Articles of Organization for this Limited Liability C Florida document number 100433470861		e filed on <u>07-22-2</u>	024	_ and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ited liability	company here:		
The new name must be distinguishable and contain the words "Lim	nited Liability Co	ompany." the designa	ation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	_			
(Principal office address MUST BE A STREET ADDR	RESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	d office addr	ess on our record	ls, <u>enter the name o</u>	f the new registered
New Registered Office Address:		Enter Florida sti	ent addrese	
		'HV	, Florida	Zin Code
New Registered Agent's Signature, if changing Registered		···		zap Com
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and concept the obligations of my position as registered againg filed to merely reflect a change in the registered company has been notified in writing of this change.	and agree to omplete perf gent as provi	ormance of my a ded for in Chapt	luties, and Lam fam er 605, F.S. Or, if t	iliar with and his document is

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
AMBR	Tavares Leatherwood	2916 Funston street, APT, 48	■ Add
		Hollywood,Ft,33020	■Add
		-	□Remove
		-	Change
			□Add
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	must be specific and shock does not a	d cannot be prior to a meet the applicabl	date of filing or more to e statutory filing red	(optional) nan 90 days after filing.) puirements, this date v	Pursuant to 605.0207 (3); vill not be listed as the
ne record specifies a delayed effe ord is filed.	ctive date, but no	t an effective time	, at 12:01 a.m. on th	e earlier of: (b) The	90th day after the
Dated		2024			
	1-1-1-1		ed representative of a		

Typed or printed name of signee