L24000346640

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TALLÄHASSEE FLÖR

INSTANT OF THE PRINT

COVER LETTER

	Registration Se Division of Cor			
SUBJECT		CPRESS LLC		
aubjec i	1:	Name of Lin	nited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		ondence concerning this matter		
		MAYDARLIN REYES G	UERRA	nort notification)
			Name of Person	
		HORSE EXPRESS LLC		
			Firm Company	
		1381 S LYNDELL DR		
			Address	
		KISSIMMEE, FL 34741		
			City/State and Zip Code	
		ELROITAXES1@GMAIL		
			to be used for future unitual report not	tification)
For further	r information c	oncerning this matter, please c	all:	
MAYDA	RLIN REYES	GUERRA	201 388-3897 at ()	
	Name o	f Person		ne Telephone Number
Enclosed i	is a check for th	ne following amount:		
≘ \$25.00	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	LJ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)
	dailing Addres		<u>Street Address:</u> Registration Se	etion
Γ	Division of C	orporations	Division of Co	
	P.O. Box 632		The Centre of	
Ŀ	`allahassee, l	FL 34314	2410 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT OT ARTICLES OF ORGANIZATION OF.

FILED

HORSE	EX	PRESS	11	(

2024 OCT 21, DM . ..

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and comain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." There new principal offices address, if applicable: 1381 S LYNDELL DR	HORSE EXPRESS LLC			001 54 PH 4: 54
The Articles of Organization for this Limited Liability Company were filed on 124000346640	(Name of the Limi	ted Liability Compa	iny as it now appears on o	ar records.)
The Articles of Organization for this Limited Liability Company were filed on 18/07 2024 and assigned clorida document number 124000346640 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and comain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". Enter new principal offices address, if applicable: 1381 S LYNDELL DR Principal office address MUST BE A STREET ADDRESS. Enter new mailing address, if applicable: 1381 S LYNDELL DR KISSIMMEE, FL 34741 Enter new mailing address, if applicable: 1381 S LYNDELL DR 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 address here: Name of New Registered Agent: MAYDARLIN REYES GUERRA New Registered Office Address: 1381 S LYNDELL DR KISSIMMEE				MELANASSEE. FLORINA
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS: Enter new mailing address, if applicable: 1381 S LYNDELL DR	The Articles of Organization for this Limited L	iability Company	were filed on $\frac{08/07}{20}$	124 and assigned
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KISSIMMEE , Florida 34741 City Zip Code Sew Registered Agent's Signature, if changing Registered Agent:	New Registered Office Address:	1381 S LYND		
New Registered Agent's Signature, if changing Registered Agent:				
New Registered Agent's Signature, if changing Registered Agent:		KISSIMMEE		, Florida <u>34741</u>
			City	Zip Code
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply wit	New Registered Agent's Signature, if changing	Registered Agent:		
	I hereby accept the appointment as registere	ed agent and agr	ee to act in this capac	

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

Title	<u>Name</u>	Address	Type of Action
N/A	N/A	N/A	
			
			□Change
			□Remove
			□Change
			Remove
			Change
			⊡Add
			□Remove
		•	□ Remove
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Filing Fee: \$25.00