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| PICK-UP WAIT MAIL                       |
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## **COVER LETTER**

TO.

Registration Section

Tallahassee, FL 32314

| Division of Cor                 | porations                                     |   |  |
|---------------------------------|---|---|--|
|                                 | SS 123 LLC                                    |   |  |
| SUBJECT:                        | Name of Lin                                   | nited Liability Company   |  |
|                                 |   |   |  |
| The enclosed Articles of        | Amendment and fee(s) are sul                  | omitted for filing  |  |
|                                 | ndence concerning this matter                 |   |  |
|                                 | native concerning this matter                 | to the following.   |  |
|                                 | Aaliyah Gordon Scott                          |   |  |
|                                 |   | Name of Person  |  |
|                                 |   | Firm/Company  | <del></del>  |
|                                 | 3050 Dyer Blvd #179                           |   |  |
|                                 |   | Address   | <del></del>  |
|                                 | Kissimmee, FL 34741                           |   |  |
|                                 |   | City/State and Zip Code   |  |
|                                 | azxpressllc@yahoo.com                         |   |  |
| For further information ed      | e-mail address: (                             | to be used for future annual report no                              | tification)  |
| Aaliyah Gordon Scott            | and the same of the same of                   |   |  |
|                                 | <del></del>                                   | 815 298-4974<br>at ()<br>Area Code Daytin                           | <u> </u>   |
| Name of                         | Person  | Area Code Daytii  | me Telephone Number  |
| Enclosed is a check for the     | e following amount:                           |   |  |
| □ \$25.00 Filing Fee            | \$30.00 Filing Fee &<br>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                 | <u> </u>                                      | Street Address:   |  |
| Registration S                  | ection  | Registration Se   |  |
| Division of Co<br>P.O. Box 6327 |   | Division of Co  |  |
| r.O. Box 6327                   | f   | The Centre of   | Tallahassee  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A-Z XPRESS 123 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  $\frac{08/13/2024}{100}$ and assigned Florida document number L24000354978 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: A-Z XPRESS SERVICES LLC 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

## 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.

Cirv

\_, Florida \_\_

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 |
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| Iffective da  | date inserted in t  | n the date of filing<br>the must be specific and<br>this block does not the<br>the Department of | meet the applicable  | ate of filing or more the statutory filing req | (optional)<br>an 90 days after filing.)<br>uirements, this date v | Pursuant to 605,0207 will not be listed as |
| TOTE: IT THE  | effective date on   |  |                      |  |   |  |
| locument's (  |                     | fective date, but no   | t an effective time, | at 12:01 a.m. on the                           | e earlier of: (b) The   | 90th day after the                         |
| record spec   |                     | Fective date, but no   | t an effective time, | at 12:01 a.m. on th                            | e earlier of: (b) The   | 90th day after the                         |
| record spec   | rifies a delayed ef | M  |                      |  | 17  | 90th day after the                         |

Filing Fee: \$25.00