

L19000 145437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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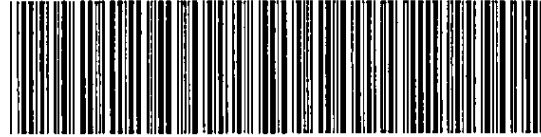
(Business Entity Name)

(Document Number)

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2020 FEB -4 PM 1:19

C. GOLDEN

MAR - 4 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Blue Chocolat Trust Company and Consultancy, L.L.C.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lillia Cuffy  
Name of Person

Go Rx Delivery L.L.C.  
Firm/Company

5645 Coral Ridge Drive #430  
Address

Coral Springs, FL 33076  
City/State and Zip Code

Go Rx Delivery@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lillia Cuffy at (954) 298-3101  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

2020 FEB -4 PM 1:19

Blue Chocolat Trust Company and Consultancy, 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 6/1/2019 and assigned  
Florida document number L19000145437.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Go Rx Delivery, 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:

Jennifer R. Coffey

New Registered Office Address:

8801 West Atlantic Blvd #772876

Enter Florida street address

Coral Springs

City

Florida

33071

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.

Jennifer Coffey

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>	<u>Address</u>	<u>Type of Action</u>
<u>AMBR</u>	<u>Blue Chocolat</u>	<u>5645 Coral Ridge Drive</u>	<input type="checkbox"/> Add
	<u>Revocable Trust</u>	<u>Coral Springs, FL 33076</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Sylvester J. Cuffy</u>	<u>5645 Coral Ridge Drive</u>	<input type="checkbox"/> Add
		<u>Coral Springs, FL 33076</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>L. Cuffy</u>	<u>5645 Coral Ridge Drive</u>	<input type="checkbox"/> Add
		<u>Coral Springs, FL 33076</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated January 29. 2020

Signature of a member or authorized representative of a member

Lillia Cuffy

Typed or printed name of signee

**Filing Fee: \$25.00**