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COVER LETTER

Division of Co		4 7	
Brothers SUBJECT:	86 Delivery Services, LLC		··
	Name of Limit	ted Liability Company	
Γhe enclosed Articles o	f Amendment and fee(s) are subn	nitted for filing.	
Please return all corresp	condence concerning this matter to	o the following:	
	Jorge Lazo		
		Name of Person	
	Brothers 86 Delivery Serv	vices, LLC	
		Firm/Company	
	1475 W 46 St Apt 402		
		Address	
	Hialeah FL 33012		
		City/State and Zip Code	····
	cubapazeua@gmail.com	· · · · · · · · · · · · · · · · · ·	
	E-mail address: (to	o be used for future annual report notif	fication)
For further information	concerning this matter, please cal	11:	
Jorge L. Lazo		786 559-7084	
Name	of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for	the 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 enclose

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brothers 86 Delivery Services, LLC			
(Name of the Limited Liability Company as it now appe- (A Florida Limited Liability Company)	ars on our records.)		
the Articles of Organization for this Limited Liability Company were filed on $\underline{0}$	1/21/2016	and as	signed
lorida document number L16000014960			
his amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liability company h	<u>iere</u> :		
23 Family Deluxe, LLC			
he new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or	r the abbreviation "L	.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
Principal office address MUST BE A STREET ADDRESS)			
Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
Enter new mailing address, if applicable:			
nter new mailing address, if applicable:			
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)			
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address of	n our records, g	enter the name	of the
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 of	n our records, o	enter the name	of the
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address of the new registered office address here:	n our records, o	enter the name	of the
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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 of the segistered agent and/or the new registered office address here:	n our records, g	enter the name	of BIVISION OF C
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address of the new registered office address here: Name of New Registered Agent: New Registered Office Address:	on our records, o	enter the name	of State of Cont
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 of the new registered office address here: Name of New Registered Agent: New Registered Office Address:	orida street address	18 FEB 12 PM	of BIVISION OF CORPOR
New Registered Office Address:		18 FEB 12 PM	of BIVISIBLE OF CORPORATION

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>	<u>Address</u>	Type of Action
			□ Add
			□ Remove
			Change
			□ Add
		<u>.</u>	Remove
			☐ Change
			□ Add
			☐ Remove
	•		Change
			Add
		···	□ Remove
			☐ Change
			□ Add
			☐ Remove
			HECRETA
			PROPERTY OF STATE
			Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note:	ve date, if other than the date of filing:	Pursuant to 605.0 will not be listed)207 (3)(1 I as the
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. o 90th day after the record is filed.	on the earlier	of:
Dated	02/08/2018		
Daicu .		<u> </u>	8 8 8
	Jeff -	7	13.03 13.03
	/Signature of a member or authorized representative of a member		¥¥~
	Jorge L. Lazo	~	57°
	Typed or printed name of signee	P# 4:	25°
		돐	AA
	Page 3 of 3	=	N N N N N N N N N N N N N N N N N N N

Page 3 of 3

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