## L12000042100

(Re	equestor's Name)		
(Ac	ddress)		
(Address)			
(City/State/Zip/Phone #)			
(City/State/Zip/Fffore #)			
PICK-UP	☐ WAIT	MAIL.	
(D)			
(Business Entity Name)			
(Document Number)			
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D. BRUCE SFP 25 2012

EXAMINER

## - COVER LETTER

•	STENN	S DELIVERY LLC	
SUBJECT:	Name of L	imited Liability Company	_
The enclosed Arti	icles of Amendment and fee(s) are	submitted for filing.	
Please return all c	orrespondence concerning this ma	tter to the following:	
		BENITA P. STENNIS	
		Name of Person	_
		Firm/Company	_
	134	6 HATCHER LOOP DRIVE	12 SE TAI
		Address	FIL SEP 24 ECRETAR LLAHASS
		BRANDON, FL 33511 City/State and Zip Code	PILLEU PARTE PASSEE
		inis 1@ gmail.com	7 P
Ton Control in Con-		s: (to be used for future annual report notification)	
For further inform	nation concerning this matter, pleas	se call:	
	BENITA STENNIS Name of Person	at ( <u>813</u> ) 758-8416 Area Code & Daytime Telephone Numb	ber
Enclosed is a chec	ck for the following amount:		
\$25.00 Filing	Fee \$30.00 Filing Fee & Certificate of Status	Gertified Copy Certific (additional copy is enclosed) Certific Certific Copy is enclosed)	Filing Fee, icate of Status & ied Copy ional copy is enclosed)
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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

## STENNIS DELIVERY LLC

( <u>Name of the Limited Liability Company as it no</u> (A Florida Limited Liability Co	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file L12000042100  Florida document number	d on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com-	pany here:
The new name must be distinguishable and end with the words "Limited Liabili" L.L.C."	ity Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	A 5 7
(Principal office address MUST BE A STREET ADDRESS)	では、S 5-2) 所 正に 70
	ング ト
	\$3.00 F
Enter new mailing address, if applicable:	
/Mailing address MAY DE A DOCT OFFICE BOY)	(C) 1
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	ress on our records, enter the name of the new
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 608, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action MGRM BENITA P. STENNIS** 1346 HATCHER LOOP DRIVE BRANDON, FL 33511 \_□□dd □ emove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) AUGUST 28 Signature of a member or authorized representative of a member TREAMFAME ATTENNISEE

Page 2 of 2

Filing Fee: \$25.00