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A. RIVERS

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## **COVER LETTER**

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TO:

	Registration So Division of Co			
SUBJEC*		AY COURIER LLC		
SOBJEC	••	Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please reti	urn all correspo	ondence concerning this matter	to the following:	
		Jeff Masso		
			Name of Person	
		Same as Above		
			Firm/Company	
		1416 Kestrel St		
			Address	Name of Person  Firm/Company  Address
		Panama City Fl 32405		
			City/State and Zip Code	
		seminoles101@hotmail.cor	n	
		E-mail address: (	to be used for future annual report not	itication)
For furthe	r information c	oncerning this matter, please c	all:	
Jeff Mass	o			
	Name o	f Person		ne Telephone Number
Enclosed i	s a check for th	ne following amount:		
\$25.00	0 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 enclosed)
	Tailing Addres Registration S		<u>Street Address:</u> Registration Se	ction
	Division of C		Division of Co	
Р	.O. Box 632	7	The Centre of T	Tallahassee
Т	`allahassee, F	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beach Bay Courier LLC			
( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)		
The Articles of Organization for this Limited Liability Compar	y were filed on 01/25/2013	and assign	ned
Florida document number L13000013351			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	·		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the a	abbreviation "L.L.C	3.1
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 agent and/or the new registered office address here:	e address on our records, <u>enter the nar</u>	ne of the new r	egister
		. j č.	إسبي
Name of New Registered Agent:	N/A	2002 001	1 1
		2.5	1.
New Registered Office Address:	Enter Florida street address	10.5	<del></del> ,
		=	
	, Florida	Zip Code	
	City	Silv Coules	

## 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.

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>	Name	<u>Address</u>	Type of Action
MGR	Michael D Lee	29807 State Hwy 249	□Add
		Apt 121	■Remove
		Tomball, TX 77375	□Change
AMBR Kristofer D Masso	Kristofer D Masso	1416 Kestrel St	<b>≣</b> Add
		Panama City Fl 32405	□Remove
			☐Change
			□Add
			□Remove
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fective date, if other than an effective date is listed, the date ote: If the date inserted in this nument's effective date on the	s block does not	meet the applicab	date of filing or more ole statutory filing r	(option than 90 days after fil equirements, this d	al) ing.) Pursuant to 605.0207 ate will not be listed as
record specifies a delayed effer is filed.	ctive date, but no	t an effective tim	e, at 12:01 а.т. on	the earlier of: (b)	The 90th day after the
. 10/26		2022			
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ited	,	//1/1/			

Filing Fee: \$25.00