

K13000063137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

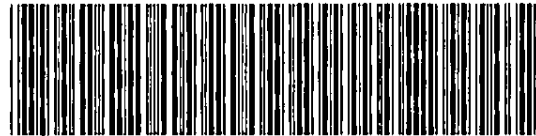
(Document Number)

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21 MAR -9 AM 11:42

U.S. DEPT. OF STATE  
BUREAU OF CONSUMPTION

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALBERTSON EXPRESS DELIVERY LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

LINA M. GARCIA  
Name of Person  
ALBERTSON EXPRESS DELIVERY LLC  
Firm/Company  
3424 BACOM POINT RD  
Address  
PAHOKEE, FL 33476  
City/State and Zip Code  
mgsperformanceauto@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LINA M. GARCIA  
Name of Person  
561 255-7357  
at ( )  
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**

CLERK OF STATE  
DIVISION OF CORPORATION

21 MAR -9 AM 11:42

ALBERTSON EXPRESS DELIVERY 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 04/30/2013 and assigned  
Florida document number L13000063137.

This amendment is submitted to amend the following:

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

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)

3424 BACOM POINT RD

PAHOKEE, FL 33476

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5187 2ND ROAD

LAKE WORTH, FL 33467

**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*

, Florida

*City*

*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.*

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

FLORIDA DEPT. OF STATE  
DIVISION OF CORPORATION

21 MAR -9 AM 11:42

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARIO A. GARCIA	5187 2ND ROAD	<input type="checkbox"/> Add
		LAKE WORTH, FL 33467	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	FELIX MATIAS MERCADO	5187 2ND ROAD	<input type="checkbox"/> Add
		LAKE WORTH, FL 33467	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	LINA M. GARCIA	5187 2ND ROAD	<input type="checkbox"/> Add
		LAKE WORTH, FL 33467	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	LUCIA D. GARCIA	5187 2ND ROAD	<input type="checkbox"/> Add
	<del>LUCIA GARCIA</del>	LAKE WORTH, FL 33467	<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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
21 MAR -9 AM 11:42

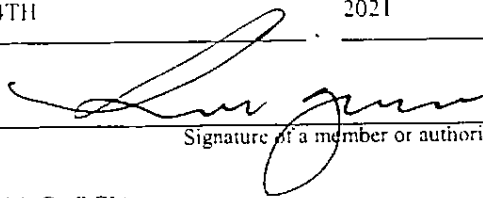
E. Effective date, if other than the date of filing: 03/04/2021 (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 MARCH 4TH 2021



Signature of a member or authorized representative of a member

LINA M. GARCIA

Typed or printed name of signee