13000081676

| (Red | questor's Name) | |
|---------------------------|-------------------------|-------------|
| . (Add | dress) | |
| (Add | dress) | |
| (City | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | siness Entity Nar | ne) |
| (Doc | cument Number) | · · · · |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
| | JUN 1 9 2013 SELLERS | |
| | | |

Office Use Only



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SECRETARY OF STATE

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: On The Go Pick-up & 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: |
| Coralyn Wells |
| Name of Person |
| On The Go Pick-up & Delivery |
| Firm/Company |
| 255 N. E. 41st Street |
| Address |
| Pompano Beach, Florida 33064 |
| City/State and Zip Code |
| onthegopickup@yahoo.com |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Coralyn Wells at 954 256-0300 |
| Name of Person Area Code & Daytime 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 enclosed)

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

ON THE GO PICK-UP & 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 | ity Company were filed on _ | June 5, 2013 | and assigned |
|--|---|-------------------------------|-------------------------|
| Florida document number L13000081676 | Paradistra Principal Control of Control o | | |
| This amendment is submitted to amend the following | ıg: | | |
| A. If amending name, enter the new name of the | limited liability company | <u>here</u> : | |
| The new name must be distinguishable and end with the "L.L.C." | e words "Limited Liability Cor | npany," the designation "L | LC" or the abbreviation |
| Enter new principal offices address, if applicable | · | | |
| (Principal office address MUST BE A STREET A. | DDRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) | <u> </u> | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | U | n our records, <u>enter t</u> | the name of the new |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | | Enter Florida street add | ress |
| _ | <u>.</u> | , 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 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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------|--------------------------|----------------|
| MGR | Coralyn Wells | 255 N.E. 41st Street | Add |
| | | Pompano Beach, Fl. 33064 | Remove |
| | | | _ |
| | | | Add |
| | | | Remove |
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| • | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| | |
| | |
| i | June 11 2013 |
| | Ceralem Wells |
| | Signature of a member or authorized representative of a member Coralyn Wells |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00