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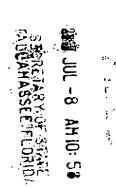
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COVER LETTER

TO: Registration Se Division of Cor			د. د
SUBJECT: WE	SHOP AND DELIVE Name of Lim	R ORLANDO WER nited Liability Company OF RUICE (WVVENTNO	nE)
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	E.C.
Please return all correspo	ndence concerning this matter	to the following:	
		Beuno / TERESA ' Name of Person	FUMERO_
	ME SHOP AN	Firm/Company	
	423 E. HAR	25/NG ST. Address	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please c	all:	
SSNDRA Name o	Brudo f Person	at (305) 890 - 4 Area Code Daytime	4131 Telephone Number
Enclosed is a check for the			
\$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:

TO:

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

THE STATE OF THE S EOLA DELIVERY SERVICE LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) 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 "LC" or the abbreviation "L.C." 423 E. HARDING ST.
ORLANDO, FL 32806 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) SOME AS ADOVE 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 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

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 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>	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
			□ Remove
			Change
			
			□ Remove
			☐ Change
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
			☐ Remove
			□ Change

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i an effecti <u>Note:</u> If	e date, if other than the date of filing: (optional) ive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o Oth day after the record is filed.
ated	Signare of a member or authorized representative of a member
	Significant a member or authorized representative of a member

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