14000002249

(Reque	stor's Name)	
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COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT: Name	e Change				
SUBJECT:		ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	ANGEL J S	OLANO			
		Name of Person			
	AJS DELIVE	ERY LLC			
		Firm/Company			
	8608 VILLA	LARGO DR			
		Address			
	TAMPA FL	33614			
		City/State and Zip Code		2014 FEB 1 O	
	ROSAMARIE_M			, m	1
	E-mail address: (to be used for future annual r	eport notification)	3 3	pr vite
For further information co	ncerning this matter, please c	all:		- H	1 4
ANGEL J S	OLANO	at (813, 34	43-1119	FH 1: 03	معوض بي (
Name of	Person	Area Code	Daytime Telephone Number		
Enclosed is a check for the	e following amount:				
■ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy		ng Fee, e of Status &	

(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AJS DELIVERY LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L14000002249	were filed on 01/06/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
AJS DELIVERY SERVICES LLC		
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation: L.L.C."
Enter new principal offices address, if applicable:	8608 VILLA LARGO DR	三三三三
(Principal office address MUST BE A STREET ADDRESS)	TAMPA FL 33614	O MATERIAL O
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3 3
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	ter the name of the new
	, Florida	
	City	Zin Codo

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

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00