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COVER LETTER

TO: Registration So Division of Cor				
SUBJECT:	Nance air L	Delivery Syster	ή	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	No	el WellS Name of Person		
	Nance A	Name of Person Or Delivery System Firm/Company Mb1a Dr. #245	1, LLC PS 昌 一	7
	221 Colu	mbia Dr. #245	ZIII JAN 16 A 1: 23 TALLAHASSEE, FLONIOA	ニーてて
	Cape Cana	veral, F1 3292 City/State and Zip Code e1/Segmail.com to be used for future annual report notif	1: 23 FLOWIDA	
	<u>Noelew</u> E-mail address; (ellseamallicon to be used for fujure annual report notif	(cation)	
For further information of	concerning this matter, please co			
	Wells of Person	at (321) 279 Area Code Daytime	- 6 1 D Telephone Number	
Enclosed is a check for t	he 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)	
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nance air Deliver	y System y as it now appears on our records.)	-
(A Florida Limited Lie	ibility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L1400005</u> 54	vere filed on <u>4/4/14</u> 15	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
Air Nance Delivery Sy:	stem, LLC	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or t	
Enter new principal offices address, if applicable:		200 3 7
(Principal office address MUST BE A STREET ADDRESS)		1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		A 1: 23
B. If amending the registered agent and/or registered officesistered agent and/or the new registered office address here:	ce address on our records, <u>en</u>	nter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	a
	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 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					
			🗆 Add					
			□ Remove					
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		IALLAHAS	Add Remove					
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(If an e	tive date, if other than the date of filing: (optional) Tective 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 605.0. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	207 Las
	nent's effective date on the Department of State's records.	
If the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier	of
(b) Th	e 90th day after the record is filed.	
	1/14/2019 Ne Wells	
Date		

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Filing Fee: \$25.00