## K15 CCCO 57608

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SEUNI PRICT OF JONAE TALLAHASSEE, FL

## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJE		e Delivery & Storage LLC		
SUBJE	UI:	Name of Lim	ited Liability Company	<del></del>
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	Solve Delivery & Storage LLC  Name of Limited Liability Company  es of Amendment and fee(s) are submitted for filing. Trespondence concerning this matter to the following:  Charles Velez  Name of Person  White Glove Delivery & Storage LLC  Firm/Company  15050 SW 137th Street Unit 3  Address  Miami. FL 33196  City/State and Zip Code  CharlesV@MiamiWhiteGlove.com  E-mail address: (to be used for future annual report notification)  tion concerning this matter. please call:  are of Person  at (		
		Charles Velez		
			Name of Person	
		White Glove Delivery & S	torage LLC	
			Firm/Company	
		15050 SW 137th Street Un	it 3	
			Address	<del></del>
		Miami, FL 33196		
			City/State and Zip Code	<del></del>
		<del>-</del>		
Con firm	- an information o			ony
Por lutti	ner information co	oncerning this matter, please ca	111:	
Charles	Velez			
	Name o	f Person	Area Code Daytime Tel	ephone Number
Enclosed	d is a check for th	ne following amount:		
<b>=</b> \$25	.00 Filing Fee	<del>-</del>	Certified Copy	Certificate of Status &
	Mailing Addres Registration S		<u>Street Address:</u> Registration Sectio	n

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

FILED

White Glove Delivery & Strorage LLC

2022 JUN 10 AM 11: 06

(Name of the Limited Liability C	mited Liability Company)	TALLAHASSEE, FL						
The Articles of Organization for this Limited Liability Com								
Florida document number L15000087608								
his amendment is submitted to amend the following:								
A. If amending name, enter the new name of the limited	d liability company here:							
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."						
Enter new principal offices address, if applicable:								
(Principal office address MUST BE A STREET ADDRES	<u> </u>							
Enter new mailing address, if applicable:								
(Mailing address MAY BE A POST OFFICE BOX)								
	ee 13de							
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ttice address on our records,	enter the name of the new regis						
Name of New Registered Agent:								
New Registered Office Address:								
New Registered Office Address.	Enter Florida stree	t address						
		, Florida						
<del></del>	City	Zip Code						
New Registered Agent's Signature, if changing Registered A	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Gina Velez	15050 SW 137th Street Unit 3	<b>=</b> Add
		Miami, FL 33196	□Remove
			□ Change
			□Add
			□ Remove
			□Change
			Remove
			□Add
		<del> </del>	□Remove
			□Change
			Remove
	<del></del>		\_\ \_\ \_\ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			□ Changa

Effective date, if other than the date of filing:				
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