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SECRETARY OF STATE

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COVER LETTER

POTUS CO	OURIER SERVICES, LLC	ited Liability Company		
	Hallo of Billi	ned is usually company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	endence concerning this matter	to the following:		
	RICHARD YEPEZ			
		Name of Person		_
	POTUS COURIER SERVI	ICES, LLC		
		Firm/Company		_
	1423 SE 16TH PLACE, SU	JITE 204		型流
		Address		三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三
	CAPE CORAL, FL 33990			SP 14 PH 4-17
		City/State and Zip Code		
	POTUSCOURIERSERVIC	_		第三 五
		to be used for future annual report notifi	.cation)	\$ 10 T
For further information c	oncerning this matter, please ca	all:		
MICHAEL KELLY		239 440-1599 at ()		
Name o	f Person		Telephone Number	er
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)	Certifie	ate of Status &
MAIL	ING ADDRESS:	STREET/COURU	ER ADDRESS:	

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

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POTUS COURIER SERVICES, LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number L15000139796	vere filed on <u>08/17/2015</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		产资 57
(Mailing address MAY BE A POST OFFICE BOX)		智智可
		89 三 二
		169 P D
B. If amending the registered agent and/or registered off		nter the name of the n
registered agent and/or the new registered office address here:	:	景司 五
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	City	7in 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 pemg augeo or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	RICHARD YEPEZ	1423 SE 16TH PL., STE 204	
		CAPE CORAL, FL 33990	□ Remove
•			
MGR	MICHAEL KELLY	1423 SE 16TH PL., STE 204	□ Add
		CAPE CORAL, FL 33990	□ Remove
			■ Change
			□ Add
		·	Remove
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	ist be specific and cannot be prior to date of	of filing or more than 90 days after filing.)	
Note: If the date inserted in this b document's effective date on the I		tutory filing requirements, this date w	ill not be listed as
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		ffective time, at 12:01 a.m. o	nëthe earlier o
The 90th day after the rec	cord is filed.	CVA	写 写 三
AUGUST 31	2015	y rich	
Dated			
Ri	u Zen/		E S
	Signature of a member or authorized re	presentative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00