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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	Mailbox Name of Limi	Specialis ted Liability Company	its, LLC
	mendment and fee(s) are subr	-	
	Meliss	sa H. Smit	<u>h</u>
	- Mailbox	Specialis Firm/Company	ts, LLC
	44141	Pinebre	ere Blud.
		chan, FL City/State and Zip Code	
r cal to carrie	mailboxS E-mail address: (t	pecialists ( o be used for future annual r	agmail.com eport notification)
Meli	SSa Smith	at <u>@35</u> 2	agmail.com eport notification)  330-2555  Daytime Telephone Number
Name of f	Callania	Area Code	Daytime Telephone Number
Enclosed is a check for the  ☐ \$25.00 Filing Fee	Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	Certificate of Status &
Mailing Address: Registration Se Division of Co P.O. Box 6327	ection	Divisior	dress: tion Section of Corporations etre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mailbox Spe	cialists, LLC
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 01-26-2016 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:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Mailbox Specialists, LLC
(Principal office address MUST BE A STREET ADDRESS)	44141 Pinebreeze Blvd.
	Callahan, FL 32011
Enter new mailing address, if applicable:	22.020
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	ielissa H. Smith
New Registered Office Address:	4141 Pinebreeze Blvd.  Enter Florida street address
	allahan Florida 32011
	City Zip Code
New Registered Agent's Signature if changing Registered Agent	

## 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
MGR	Melissa H. Smith	4425 SE 150th St.	DAdd
		Summerfield, FL 3449	/ □ □Remove
			□Change
AMBR	Linda H. Voorhees	44141 Pinebreeze Blu	<u>d</u> □Add
		Callahan, FL 32011	Remove
			□ Change
		<u></u>	
		-: 	Remove
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fective date, if other than the date of filing:  on effective date is listed, the date must be specific and cannot be prior to date of filing cote:  If the date inserted in this block does not meet the applicable statutory for cument's effective date on the Department of State's records.	or more than 90 days af		
ecord specifies a delayed effective date, but not an effective time, at 12:01 a. is filed.		(b) The 9	0th day after th
Melessa H - Smith Signature of a member or authorized representa			