

L160000109637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

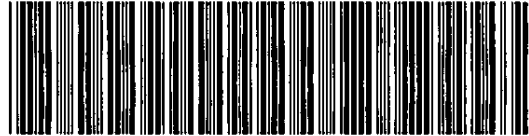
(Business Entity Name)

(Document Number)

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2016 JUN 27 PM 11:24

2016 JUN 27 P 7:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 27 2016
D. BRUCE

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: MA DEL CARMEN & MEDINA DELIVERY LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALBA E VIVAR

Name of Person

MIAMI DISPATCH & CARRIER SERVICES

Firm/Company

8040 NW 95TH ST STE 106

Address

8040 NW 95TH ST STE 106

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALBA E VIVAR

Name of Person

305 at (822-0255)

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

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JUN 27 2016

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MA DEL CARMEN & MEDINA DELIVERY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/06/2016 and assigned
Florida document number L16000109637.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

C & M DELIVERY LLC

The new name must be distinguishable and contain the words "Limited Liability 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:

(Mailing address MAY BE A POST OFFICE BOX)

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2016 JUN 27 P 7:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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>	<u>Address</u>	<u>Type of Action</u>
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 2018 JUN 29 PM 7:24
 TALLAHASSEE, FLORIDA
 SECRETARY OF STATE

2010 JUN 27 P 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2018 JUN 27 P 11:24
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JUNE 20, 2016

MARIA C SERRANO

Typed or printed name of signee