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SECRETARY OF STATE
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COVER LETTER

TO: Registration S Division of Co					
FI'L Deliv					
SUBJECT:	Name of Lim	ited Liability Company			
	f Amendment and fee(s) are sub condence concerning this matter	-			
	Judy Karniewicz, Esq.				
	-	Name of Person			
	The Karniewicz Law Grou	p		g 6	
		Firm/Company			-
	3834 W Humphrey St.		502 302 511	JUN 23 ANTH 50	(
		Address			(
	Tampa, FL 33614			ブ 京	
	julie@tklg.net	City/State and Zip Code		0	
	•	to be used for future annual report notif	ication)		
For further information	concerning this matter, please ca	all:			
Julie Richie		813 962-0747			
Name	of Person		: 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)		
MAII	LING 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

FTL Delivery, LLC		
(<u>Name of the Limited Liahi</u>) (A Florid	ity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number Li6000111184	Company were filed on June 8, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited 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 ADD	RESS)	
		SSE 72 F
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		翌年 5
		٠. «ر
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	From Elevidana 1	······
	Enter Florida street address	
	, Florid	da
	cuy	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
MGR	Roberto Crane	2700 N. Macdill Ave. Ste. 110	
		Tampa, FL 33607	□ Remove
			Change
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			□ Remove
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	Signature of a member or authorized representative of a member		

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Filing Fee: \$25.00