## L16000130335

(Red	questor's Name)	
(Add	dress)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO:

	gistration Sec vision of Corp					
CUDIECT.	HQ Deliver					
SUBJECT:		Name of Limi	ted Liability Company			
The encloses	d Articles of	Amendment and fee(s) are sub-	mitted for filing			
		ndence concerning this matter	-			
		Ana P Perez				
			Name of Person			
		HQ Delivery LLC		-		
			Firm/Company			
		7301 SW 37th St				
			Address			
		Miami, Fl 33155				
			City/State and Zip Code			
		Niovelpm@gmail.com				
F C .1			to be used for future annual report notifica	ition)		
		oncerning this matter, please ca				
Ana P Pere			786 296-7254 at ()			
	Name of	f Person	Area Code Daytime T	elephone Number		
Enclosed is	a check for th	ne 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 I Certificate of Certified Copy (additional copy)	Status & y .	
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle	JUL 18 PH 2: 39	FILED

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HQ Delivery LLC		
( <u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L16000130335	y Company were filed on 7/11/2016	and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		the name of the new
Name of New Registered Agent:		<del></del>
New Registered Office Address:		i i i
	Enter Florida strect address, Florida	o
	City	-Zip Code
New Registered Agent's Signature, if changing Registe	ered Agent:	- 資本 <b>(2</b> ) - 第一 ム
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered	d complete performance of my duties, and I am	gree to comply with the familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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
AMBR	Niovel A Perez	7301 SW 37th St	
		Miami Fl 33155	■ Remove
			Change
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Effective date, if other than If an effective date is listed, the date Note: If the date inserted in the document's effective date on the second seco	must be specific and is block does not n	l cannot be prior to da neet the applicable			g.) Pursuant to	
he record specifies a dela The 90th day after the			n effective time	, at 12:01 a.m.	. on the ea	rlier of
June 27 Dated		2017			·	17
	Alun				7.* 1.* 1.*	
	Signature of a	member or authorize	d representative of a	member	3	18 B
						;

Page 3 of 3

Filing Fee: \$25.00