L1600180488

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COVER LETTER

TO:	Registration Se Division of Cor				
		DELIVERY 2016 LLC		į	
SUBJE	CT:	Name of Limi	ited Liability Company		
		Amendment and fee(s) are sub-			
Please	return all correspo	ondence concerning this matter	to the following:		
		ROBERTO J. ORTIZ, ES	Q.		
			Name of Person		
		LAW OFFICES OF ROBE	ERTO J ORTIZ, ESQ		
			Firm/Company		
8750 NW 36TH STREET.			SUITE 425		
			Address		
		DORAL, FL 33178			
			City/State and Zip C	ode	
		RORTIZ@RJORTIZLAW.			
			to be used for future an	nual report notifi	cation)
For fur	ther information (concerning this matter, please co	all:	1	
ROBE	RTO J ORTIZ		305 at (400-2210 	
	Name	of Person	Area Code	Daytime	Telephone Number
Enclose	ed is a check for t	he following amount:			
■ \$2 :	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Certified Cop (additional copy	У	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisio P.O. B	ANG ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	Regi Divi Clift 266	EET/COURI stration Section sion of Corpor on Building Executive Ce whassee, FL 32	ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INSTANT DELIVERY 2016 LLC	ı	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records liability Company)	4)
The Articles of Organization for this Limited Liability Company Florida document number L16000180488 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability		and assigned
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2801 NW 74 AVENUE, SUITE	105
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33122	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		
Name of New Registered Agent:		7
New Registered Office Address:	Enter Florida street address	
	City	- Zup Coult
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as posing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and rovided for in Chapter 605, F	d I am familiar with and I.S. Or, if this document is
if Chan	ging Registered Agent, <u>Signature of</u>	New Registered Agent

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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
MMBR	MACINA, VICTOR J	10445 NW 69 TERRACE	
		DORAL, FL 33178	🗀 Remove
			☐ Change
MMBR	GERBINO, GIANFRANCO R	10445 NW 69 TERRACE	
		DORAL, FL 33178	Remove
			■ Change
			☐ Remove
			□ Change
			Remove
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		<u> </u>	
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•		06/01/20	17	(ent	ional)
	her than the date of the date of the date must be spo		ior to date of filing or o	none than 90 days after	er filing.) Pursuant to 605.0 is date will not be listed
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record specifie The 90th day at	es a delayed effe fter the record is	ctive date, but i filed.	not an effective	time, at 12:01	a.m. on the earlie
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Filing Fee: \$25.00