417000031831

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COVER LETTER

TO:	Registration Se Division of Cor			
CHDI		SERVICES LLC (L17000031)	831)	
SUBJ	ECT:	Name of Lim	ited Liability Company	,
The e	nclosed Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Robin Green, CFO		
			Name of Person	
		OATA LLC		
			Firm/Company	
		8421 S. John Young Pkwy	, Ste 150	
			Address	· · · · · · · · · · · · · · · · · · ·
		Orlando, FL 32819		
		robin@youroata.com	City/State and Zip Code	
For fu	rther information co	E-mail address: (oncerning this matter, please co	to be used for future annual report not all:	ification)
	Polin Dre	en, CFO	407 435-2398 at ()	ne Telephone Number
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclos	sed is a check for th	e 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

COURIER SERVICES LLC			
(Name of the Limited	l Liability Compa \ Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Lia Florida document number $\frac{L17000031831}{L17000031831}$		were filed on FEBRUARY 9, 2017	and assigned
This amendment is submitted to amend the follow			
A. If amending name, enter the new name of t	he limited liab	ility company here:	
OATA COURIER LLC			
The new name must be distinguishable and contain the wor	rds "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		~ NO CHANGE ~	
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		~ NO CHANGE ~	
B. If amending the registered agent and/or reg agent and/or the new registered office address Name of New Registered Agent:	• •		ne of the new regis
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>	Address	Type of Action
		~ NO CHANGE ~	
			□Remove
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ective date, if other than the	July 1. 2	2021	loni	ional)
			more than 90 days aft	er filing.) Pursuant to 605,020
e: If the date inserted in this ument's effective date on the			ling requirements, th	is date will not be listed as
cord specifies a delayed effect	ive date, but not an effectiv	ve time, at 12:01 a.n	i. on the earlier of: (b) The 90th day after the
s filed.				-,
June 8, ed	2021			
ed June 8,	. 2021	·		
ed June 8, Gibni G	2021 ruen , CFO			
ed June 8, Abn A	2021 West CFO Signature of a member or a	iuthorized representati	ve of a member	