

L17000103423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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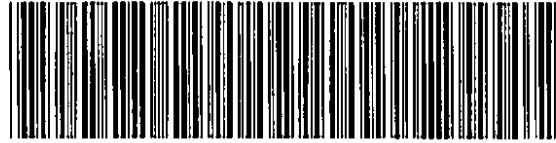
(Business Entity Name)

(Document Number)

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STATE OF ARIZONA  
TALLAHASSEE, FLORIDA

D SCOTT  
JUL 14 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: XPert Delivery Solutions LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kelly McKie  
Name of Person

XPert Delivery Solutions LLC  
Firm/Company

218 SW Inwood Ave  
Address

Port Saint Lucie FL 34984  
City/State and Zip Code

Kmckie07@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly McKie at ( 631 ) 792-2090  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee  
☒ \$50.00 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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JUL 13 PM 12:10  
TALLAHASSEE, FL

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

Xpert Delivery Solutions 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 5/9/2017 and assigned Florida document number L17000103423.

This amendment is submitted to amend the following:

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

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)

1652 Taylor Ridge Loop

Kissimmee FL 34744

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1652 Taylor Ridge Loop

Kissimmee FL 34744

**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:

Jean Stephani

New Registered Office Address:

1652 Taylor Ridge Loop Kissimmee

Enter Florida street address

Kissimmee

City

Florida

34744

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.*

Jean Stephani  
If Changing Registered Agent, Signature of 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>	<u>Address</u>	<u>Type of Action</u>
Coo	John Beaulieu	613 NW Grenada Ave	<input type="checkbox"/> Add
		Port Saint Lucie Fl 34983	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CFO	Jean Stephani	1652 Taylor Ridge loop	<input checked="" type="checkbox"/> Add
		Kissimmee Fl 34744	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

**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 July 10<sup>th</sup>, 2017

Signature of a member or authorized representative of a member

Kenny McKie  
Typed or printed name of signer

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