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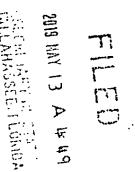
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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# **COVER LETTER**

Division of Cor	porations		
FAST LOA SUBJECT:	D DELIVERY LLC		
	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	ANDREY SHEPELEV		
		Name of Person	
	FAST LOAD DELIVERY	LLC	
		Fim/Company	
	113 S Monroe St ste 101	ттьсотрану	
	Tallahassee, FL 32301	Address	
	fastloadlic@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notific	cation)
For further information co	ncerning this matter, please ca	all:	
ANDREY SHEPELEV		305 3180565	
Name of	Person	at () Area Code Daytime	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)

TO:

**Registration Section** 

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

### FAST LOAD DELIVERY LLC

(Name of the Limit	ed Liability Compa (A Florida Limited	any as it now appears o Liability Company)	on our records.)	2019 HAY 13 A 4: 4			
The Articles of Organization for this Limited Li Florida document number	ability Company	were filed on	2/2017	CECRETARY LESTAT TALL And assigned FLURI			
This amendment is submitted to amend the folio	owing:						
A. If amending name, enter the new name of	the limited liab	oility company here	:				
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the design	gnation "LLC" or the	ne abbreviation "L.L.C."			
Enter new principal offices address, if applica	able:	113 S Monroe St s	te 101				
(Principal office address MUST BE A STREE		Tallahassee, FL 32	2301				
		<del></del>					
Enter new mailing address, if applicable:		113 S Monroe St st	te 101				
(Mailing address MAY BE A POST OFFICE )	<u>BOX)</u>	Tallahassee, FL 32301					
		<del>-</del>		·			
B. If amending the registered agent and/oregistered agent and/or the new registered off	or registered of ice address her	ffice address on o	ur records, <u>en</u>	ter the name of the new			
Name of New Registered Agent:	ANDREY SHE	EPELEV					
New Registered Office Address:	113 S Monroe S	St ste 101					
	Enter Florida street address						
	Tallahassee		Florida	32301			
		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

Page 1 of 3

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> MILOVANOV DENIS	Address 3999 WEST HALLANDALE	Type of Action
AMBR		BEACH BLVD	
		WEST PARK, FL 33023	
			■ Remove
		<del></del>	Change
AMBR	SHEPELEV ANDREY	113 S Monroe St ste 101	
		Tallahassee, FL 32301	■ Add
			Remove
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			Change

O5/01/2019  (Optional)  (Iffective date, if other than the date of filing:  (In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed. Joeument's effective date on the Department of State's records.  The 90th day after the record is filed.  2019  Significative of a member or authorized representative of a member							<del></del>	<del>_</del>	_ <del>_</del> _	
iffective date, if other than the date of filing:	_		<del></del>			<del></del>				
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Page 3 of 3

Filing Fee: \$25.00