## 117000 141382

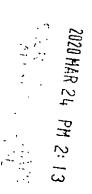
(Re	questor's Name)	
(12	,	
(Ad	dress)	
(Ade	dress)	<del></del>
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu:	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400341193504

09/06/20--01011--024 \*\*25.00



O SIMMONS MAR 25 2020

## **COVER LETTER**

Division of Corp	orations		
SUBJECT.	GTS EXP	RESS DELIVERY LLC	
SUBJECT:	Name of Limi	ited Liability Company	<del></del>
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	YUN	IIOR ALBERTO LOPEZ CONCEP	CION
		Name of Person	<del></del>
	G	TS EXPRESS DELIVERY LLC	
		Firm/Company	<del></del>
		7390 SW 107 AVE	
		Address	· · · · · · · · · · · · · · · · · · ·
		MIAMI, FL 33173	
		City/State and Zip Code	<del></del>
	<del>-</del>	expressdelivery@gmail.com	
		to be used for future annual report notifica-	ation)
For further information co	ncerning this matter, please ca	all:	
Yunior Albert	o Lopez Concepcion	786 702-9882 at ()	
Name of	Person	Area Code Daytime T	elephone 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)

MAILING ADDRESS:

TO:

Registration Section

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

		ESS DLEIVERY LLC	
(Name of the Limit	ed Liability Compa (A Florida Limited	ny as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited Landon document number		were filed on02/25/2	020 and assigned
his amendment is submitted to amend the foll	owing:		
If amending name, enter the new name o	f the limited liab	oility company here:	2020 HAI
he new name must be distinguishable and contain the v	vords "Limited Liabi	ility Company," the designati	on "LLC" or the abbreviation L.L.C."
nter new principal offices address, if applic	able:		
rincipal office address MUST BE A STREE	T ADDRESS)	7390 SW 107 AVE.	
		MIAMI, FL 33173	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		7390 SW 107 AVE.	·
		MIAMI, FL 33173	
. If amending the registered agent and egistered agent and/or the new registered of Name of New Registered Agent:  New Registered Office Address:	fice address her	e: BERTO LOPEZ CONCE	PCION
			00470
	MAIM		Florida <sup>33173</sup>

## 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>	Name	Address	Type of Action
Presiden	YUNIOR A. LOPEZ CONCEPC/O N	7390 SW 107 Ave.	■ Add
		Miami, FL 33173	□ Remove
			☐ Change
Mbr	Mike Herrera	2665 S. Bayshore Dr.	
		Miami, FL 33133	Add  2020 G Armove
			Arda
			□ Remove
		<del></del>	Change
			□ Add
			Remove
			Add
			□ Remove
			Change
		<u> </u>	□ Add
			□ Remove
			☐ Change

•		<del></del>			-
					-
	<del></del>				-
					-
<del></del>	<del> </del>				
					-
					_
				<del></del>	-
	<del></del>			2020 HAR	_
		<del>.</del>		HAR.	_
				- 2 <del>-</del>	_
				PH	_
				24 3	
				111	_
	* **				-
*					-
	· · · · · · · · · · · · · · · · · · ·				-
lective da	te, if other than the date	e of filing:		_ (optional)	
te: If the		loes not meet the applicat	odate of filing or more than 90 do ble statutory filing requireme		
	specifies a delayed efformation dependence of the delayed efformation and the delayed		an effective time, at 12	2:01 a.m. on the earli	er
ted	2/25	2020	0.6		
		<del></del> `	1 / //		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00