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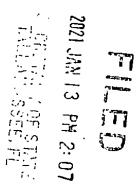
(Requestor's Name) (Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Copies Certificates of Status
Instructions to Filing Officer:

Office Use Only



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21921

Registration Section
Division of Corporations

CT:	EICHER SERVICES LLC			
	Name of Lin	nited Liability Company		
osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
sturn all correspo	ondence concerning this matter	to the following:		
		GLENN D.		
		Name of Person		
	2021			
	805 49TH A AVENUE DR E			
	Address			
	BRADENTON, FL 34203			
		COM 2: 07		
		I.SERVICES.LLC@GMAIL to be used for future annual report	COM E O	
	concerning this matter, please of	all: at (812)	361-8361	
Name of Person			rtime Telephone Number	
l is a check for t	he following amount:			
.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 S Division of C P.O. Box 632	Section Corporations	Street Address Registration Division of O The Centre of	Section	
Tallahassee,	FL 32314	2415 N. Moi Tallahassee,	rroe Street, Suite 810 FL 32303	

TO ARTICLES OF ORGANIZATION OF

EICHER SERVICES LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 10/06/2017 icles of Organization for this Limited Liability Company were filed on and assigned L17000207287 document number lendment is submitted to amend the following: mending name, enter the new name of the limited liability company here: CHER DELIVERY SERVICES LLC name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A new principal offices address, if applicable: pal office address MUST BE A STREET ADDRESS) i i N/A new mailing address, if applicable: ig address MAY BE A POST OFFICE BOX) mending the registered agent and/or registered office address on our records, enter the name of the new registered ind/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City

gistered Agent's Signature, if changing Registered Agent:

ry accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is îled to merely reflect a change in the registered office address. I hereby confirm that the limited liability ny has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

<u>wed from our records:</u>

Manager

= Authorized Member

	<u>Name</u>	<u>Address</u>	Type of Action
_	N/A		□Add
			□Remove
			Change
			□Add
			Remove Change
_			Add Remove
			□ Change
			□ Remove
			Change
_			
			□Remove
			Change
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		14,	7
date, if other than the date of filing: NA ve date is listed, the date must be specific and cannot be prior to da he date inserted in this block does not meet the applicable 's effective date on the Department of State's records.	te of filing or more tha statutory filing requ	(optional) n 90 days after filing.) irements, this date	Pursuant to 605. will not be liste
pecifies a delayed effective date, but not an effective time, a	at 12:01 a.m. on the	earlier of: (b) The	e 90th day after
JANUARY 10 2021			
Signature of a member or authorized	representative of a m	ember	<u></u>
GLENN D. E			
Typed or printed na	me of signee		

ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

17:11 TO 00.50