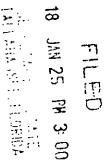
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

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JAN 25 2018

### **COVER LETTER**

TO:	Registration S Division of Co			
CUD	IF AT.	Tow	n Market Postal Services	LLC
SUBJ	JECT:	Name of Lin	nited Liability Company	<del></del>
The e	enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	e return all corresp	ondence concerning this matter	to the following:	
			Sonia Becerra	
			Name of Person	
			Swyft Filings, LLC	
			Firm/Company	·
		12	2605 East Freeway, Suite 540	
			Address	<del></del>
			Houston, Texas 77015	
			City/State and Zip Code	<del></del>
			filings@swyftfilings.com	
			to be used for future annual report notif	ication)
For tu	irther information of	concerning this matter, please c	all:	
_	Sonia B		at (877) 777-04!	
	Name c	of Person	Area Code Daytime	: Telephone Number
Enclos	sed is a check for t	he following amount:		
<b>Q</b> \$2	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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

# Town Market Postal Services LLC

	on our records.)	
The Articles of Organization for this Limited Liability Company were filed on	12/20/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company her	<u>re</u> :	
Town Market Mail and Parcels		
The new name must be distinguishable and contain the words "Limited Liability Company," the des	signation "LLC" or the abbre	
Enter new principal offices address, if applicable:		三量 型
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	25
		_ <u> </u>
	•	30 30 0 30 0 0
Enter new mailing address, if applicable:		ž- <u>o</u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	our records, <u>enter th</u>	e name of the new
registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	our records, enter th	e name of the new
Name of New Registered Agent:  New Registered Office Address:  Enter Florid		
registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	la street address	Zip Code

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		

Title	<u>Name</u>	Address	Type of Action
			Remove
		<u> </u>	Change
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			Add
			☐ Remove
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<u>ote:</u> If th	ne date inserted in s effective date on	this block do	es not med	et the applic	cable statuto	ory filling r	equiremen	ts, this d	ate will r	not be I	listed a
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	specifies a de	layed effe	ctive dat	te, but no	ot an effe	ctive tim	ne, at 12	:01 а.г	n. on tl	he ea	rlier o
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Filing Fee: \$25.00