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COVER LETTER

то:	Registration Se Division of Co			
SUBJE	CT: 1/-	TURN DELIVA	ERV LLC	
		Name of Lim	nited Lability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Jerome	O. Nelems Name of Person	
		U-TURN	DELIVERY, LLC Firm/Company	
		7401 W	iles Road Sult	e#142
		Coral S	Orings, Fl 3306 City/State and Zin Code	57
		Jueloms & E-mail address: (City/State and Zip Code 2 10 + mail com to be used for future annual report notific	ration)
For furth	her information c	oncerning this matter, please ca		
_J.	Erome	Neloms	at (<u>561</u>) 239 - 3	
	Name o	f Person	Area Code Daytime 7	Telephone Number
		ne following amount:		
\$25.	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section of Corporations ox 6327 ssee, FL 32314	STREET/COURIER Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

U-TURN DELIVERY LL	LC.		
U-TURN DE LIVERY, LL (Name of the Limited Liddlity Co (A Florida Limi	ompany as it now appears on our records.) ited Liability Company)		
The Articles of Organization for this Limited Liability Comp. Florida document number		and assig	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	liability company here:		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abl	previation "L.L	.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	0		SEC
		APR	AHC.
		7.	ASS ASS
Enter new mailing address, if applicable:		<u>~</u>	mo'm
(Mailing address MAY BE A POST OFFICE BOX)		73	FLS
		<u>5</u> _	PAT DATE
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l	d office address on our records, <u>enter</u> t <u>here</u> :	the name o	f the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	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

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>	Address	Type of Action
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ective date, if oth n effective date is listed te: If the date inser cument's effective d	l, the date must be ted in this block	specific and does not n	cannot be price the appl	icable statı	filing or mor story filing	e than 90 da requiremen	(optional ys after filing ts, this date	g.) Pursuant t	o 605.02 e listed :
record specifies he 90th day aft	a delayed ef er the record	fective d	ate, but n	ot an eff	ective tir	ne, at 12	:01 a.m.	on the e	arlier
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Filing Fee: \$25.00