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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Fills Delivery LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
DANNY Renegia Name of Person
The Fills Delivery LLC Firm/Company
8301 NW 107th Ct Doral FL 33178
Doral FL 33 178 City/State and Zip Code
the Fills deliver y a gmail. (om E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ernesto Filgueirus at (786) 780-560-7852 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)

TO:

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

The Fils Delivery (Name of the Limited Liability Com	LLC pany as it now appears on our r d Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compar		18 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		THE THE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SECTION OF L
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our rec	cords, enter the name of the new
CELOVER OF MICH. W. M. M. C.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	address
	City	_, Florida 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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(If an effect Note: 1	ctive date is left the date in	other than the date isted, the date must be s iscreted in this block of the date on the Depart	pecific and cannot be loes not meet the a	pplicable statutor	g or more than 90 c of filing requirement	_ (optional) lays after filing.) P ents, this date wi	ursuant to 605.0207 (3 II not be listed as th
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Filing Fee: \$25.00