## 118000202297

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(6)	ty/State/Zip/Phone	#\
(Cil	ty/State/Zip/Ffione	#)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nam	e)
	. <u></u>	
(Do	ocument Number)	
Certified Copies	Certificates	of Status
		J. 010100
Special Instructions to	Filina Officer:	

Office Use Only



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## **COVER LETTER**

SUBJECT:	ESTOPINA	N DELIVERY SERVICES LL		
		Name of Limited Liability Company		
The enclosed	I Articles of 2	Amendment and fee(s) are sub-	nitted for filing.	
Please return	all correspon	ndence concerning this matter t	to the following:	
		JORGE L PEREZ ESTOPI	NAN	
		ESTOPINAN DELIVERY	Name of Person SERVICES LLC	-
		4030 NW 200 ST	Firm/Company	
		MIAMI GARDENS, FL 33	Address 8055	
		VL160502@GMAIL.COM	City/State and Zip Code	
For further i	nformation c	E-mail address: (to oncerning this matter, please ex	to be used for future annual report notifi till:	ication)
JORGE L P	EREZ ESTO	PINAN	305 300-4254 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne 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)
			orde erezatedi	PD ABBBES.

MAILING ADDRESS:

Registration Section

TO:

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

ESTOPINAN DELIVERY SERVI	CES LLC		
(Name of the Limi	ted Liability Compa (A Florida Limited)	iny as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited L	iability Company	were filed on <u>08/23/2018</u>	and assigned
Florida document number L18000202297			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, <u>enter the new name c</u>	of the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	850 E 34 ST	
(Principal office address MUST BE A STREET ADDRES		HIALEAH, FL 33013	
			5 6
Enter new mailing address, if applicable:		850 E 34 ST	
(Mailing address MAY BE A POST OFFICE BOX)		HIALEAH, FL 33013	
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered o office address her	office address on our re	6: 6
Name of New Registered Agent:			
New Registered Office Address:	850 E 34 ST	Enter Florida street	addens
		Emer r tortad Street i	
	HIALEAH		, Florida <sup>33013</sup> Zip Code
		Cuy	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member			
<u>Title</u>	Name	Address	Type of Action
			□ Remove
		-	□ Change
			□ Remove
			☐ Change
			□ Add
		· · · ·	□ Remove
			☐ Change
			☐ Remove
		1	Change
			Remove
			Change
			Add
			□ Change

(If an et <u>Note:</u>	ive date, if other than the date of filing:
If the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	MAY 6
	W.A.
	Signature of a member or authorized representative of a member
	JORGE L PEREZ ESTOPINAN

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00