## L18000209695

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## **COVER LETTER**

Registration Section

TO:

Division of Cor	porations		
Prime Deli	very Partners, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	James Mandala		
		Name of Person	
	Prime Delivery Partners, I	J.C	
		Firm/Company	
	5200 NW 43rd St, Suite 10	02 #116	
		Address	<del></del>
	Gainesville, FL 32606		
		City/State and Zip Code	
	PrimeDeliveryPartners@Ya E-mail address: (	thoo.com to be used for future annual report not	itication)
For further information e	oncerning this matter, please c	·	,
James Mandala		352 476 2901	
Name of Person		at () Area Code Daytin	re Telephone Number
rane	TEINI	, red over 124, iii	te reteptivate rauniser
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	<b>☎</b> \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60 00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	Section Torporations	Street Address: Registration Se Division of Co The Centre of	rporations
Tallahassee,			pe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prime Delivery Partners, LLC			
( <u>Name of the Limited Liability Co</u> (A Flonda Lim	ompany as it now appears on our records.) ned Liability Company)		
The Articles of Organization for this Limited Liability Comp	pany were filed on September 04, 2018	and as	signed
lorida document number 1. 18000209695			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited	liability company here:		
etivery Nerds, LLC			
ne new name must be distinguishable and contain the words "Limited I	liability Company," the designation "LLC" or t	he abbreviation "I	1C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	<u> </u>		<del>.</del>
		<b>7023</b>	
nter new mailing address, if applicable:	5200 NW 43rd St, Suite 102 #116	3 SEP	77
failing address MAY BE A POST OFFICE BOX	Gainesville, FL 32606		
		<u> </u>	m
		— <u>ஆ</u>	
. If amending the registered agent and/or registered off	ice address on our records, enter the i	T., 1	w register
ent and/or the new registered office address here:	tee addition on our recording cover die	ः ज	
1			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
_	, Florida		
<del></del>	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 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 Type of Action Address Title Name 1 \_\_\_\_ □Remove □Change \_\_\_\_\_\_ □Remove \_\_\_\_\_\_ Change

\_\_\_\_\_ □Remove

\_\_\_\_\_ □Change

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Filing Fee: \$25.00