118000 228278

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400325839794

03/11/19--01037--012 ++25.00

TILEU

MAR II A R: 01

CONTRACT OF STATE

3/26/1975

COVER LETTER

TO:	Registration Se Division of Cor				
42 E 185 E 824		TONWIDE DELIVERY LLC			
SUBJEC	.l:	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		JUAN C CAMACHO			
			Name of Person	····	
		1484 NW 113 WAY	Firm/Company	TALL AH	7919 HAR
		PEMBROKE PINES. FLO	ASSEE, FL		
		camachojuan@hotmail.com		08100	76 01
For furth	ner information c	e-mail address: (oncerning this matter, please c	to be used for future annual report of all:	ionneation)	
JUAN C	САМАСНО		305 726-5217		
	Name o	f Person		time Telephone Number	
Enclosed	d 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 Certificate o Certified Co- (additional copy	f Status & oy
	MAIL	ING ADDRESS:	STREET/COU	JRIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J & M NATIONWIDE DELIVERY LLC		
(Name of the Limited Liability Comps (A Florida Limited	iny as it now appears on our recordiability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L18000228278		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
& M NATIONWIDE LLC		•
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	
Enter new principal offices address, if applicable:		1 1
Principal office address MUST BE A STREET ADDRESS)		7
		SSA - M
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
 If amending the registered agent and/or registered o egistered agent and/or the new registered office address her 		ls, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	
		lorida
	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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			□ Remove
			Change Addi
			Remove
			Change
			Add
			☐ Remove
			☐ Change
			☐ Remove
			Change
			☐ Remove
			☐ Change

· ·					<u>.</u>		
	· · · · · · · · · · · · · · · · · · ·						
			, _				
					· · · · · ·		
					···		
					¥,	29	
	**				<u> </u>	மி	— <u>""</u>
						** ***********************************	
					ASSE ASSE	_	
					T1 2	シ	711
		··· -			Lorio		
						0	
· · ·						,	
							<u> </u>
fective date, if other than in effective date is listed, the date	the date of filing	g:			(optiona	l)	
in effective date is listed, the date ote: If the date inserted in th	must be specific and is block does not r	d cannot be prior to neet the applica	o date of filing or ble statutory fi	r more than 90 da ling requiremen	iys after film nts, this da	ig.) Pursi te will n	uant to 605.0 iot be listec
cument's effective date on the	ne Department of S	State's records.					
record specifies a dela The 90th day after the	yed effective of record is filed.	date, but not	an effective	e time, at 12	2:01 a.m	ı. on th	ne earlier
MARCH 07		2019					
near HP		$\sum_{k=0}^{\infty}$	_				
				ive of a member			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00