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O SIMMONS

JUN 0 8 2019

COVER LETTER

Division of Corpo	orations		
SUBJECT: Dart	- Deliverie	5	
	Name of Limite	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	itted for filing.	
Please return all correspon	dence concerning this matter to	the following:	
•	-		
	Ethan Ma	X Sevilla Name of Person	
		Firm'Company	· · · · · · · · · · · · · · · · · · ·
		23 6LVD	A-3
	Cainesville	FLOCIONA Code	32605
	Customer Services: (10	VICED Des + DEI	veries (or
For further information co	ncerning this matter, please cal		
Ethan mo	X SEVILLA	at (754) 83	5-8357
Name of	reson	Area Code .	,
Enclosed is a check for the	e following amount:		
\$ \$25.00 Filing Fee .	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status & Certified Copy tadditional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

Dart Deliverie	s LLC	-
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears ed Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Comparison Florida document number $\frac{1900010213}{}$	any were filed on _7	1-12-2019. and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company he	<u>re</u> :
The new name must be distinguishable and contain the words "Limited Li	iability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1. 上 更
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	22
Enter new mailing address, if applicable:		7. 50
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have of New Registered Agent.		our records, enter the name of the new
New Registered Office Address:	Enter Flori	ida street address
-	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change.	ete performance of r as provided for in C	my duties, and I am familiar with and hapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Ryan bradley	1245 SW // ave AP+34	<u> </u>
		Gaires Ville FL, 32605	Remove
			☐ Change
			🗆 Add
		 	<u>;</u> □ Řemove
		· ·	D-Change
			Remove
			□ Change
			🗆 Add
			Remove
			□ Change
			
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fective date, if other than the da in effective date is listed, the date must be ote: If the date inserted in this block cument's effective date on the Depa	c does not meet the applicabl	late of filing or more than 90 da e statutory filing requiremen	(optional) ys after filing.) Pursuant to 605.02 us, this date will not be listed;
record specifies a delayed el The 90th day after the record	ffective date, but not a d is filed.	in effective time, at 12	::01 a.m. on the earlier
1ed 5-3-2019	9		
	692		
į.	U L	ed representative of a member	

Page 3 of 3

Filing Fee: \$25.00