119000108602

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(Address)
(Address)
(City/State/Zip/Phone #)
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JUL 0 5 2019 S. YOUNG



June 21, 2019

ORLANDO RINCON 5582 CURRY FORD ROAD APT E1 ORLANDO, FL 32822

SUBJECT: M&R DELIVERY LLC Ref. Number: L19000108602

We have received your document for M&R DELIVERY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN, but your entity is a FLORIDA. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II

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Letter Number: 219A00012560

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: M&	R DELIVER Name of Lim	Y LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Orland	Name of Person	
	Orland	do Rincon Firm/Company	
	5582 Corry for	Address Apt Ed	
	Orlando Fl	32822 City/State and Zip Code	
	rincontOrlando E-mail address:	Short mail Com to be used for future annual report noise	tication)
For further information co			
Orlando Pir Name o	r Person		
Subject: M&R 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: Orlando Rincon Name of Person Orlando Firm/Company 5582 Corry ford 2d Apt E1 Address Orlando F1 32822 City/State and Zip Code **Tincon10 band Orlando Orlando Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Orlando Rincon at (407) 2366211			
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 64-22-2019 and assigned								
Florida document number <u>L19000108602</u> .								
This amendment is submitted to amend the following:								
A. If amending name, enter the new name of the limited liability company her	œ:							
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	signation "LLC" or the abbreviation "L.L.C."							
Enter new principal offices address, if applicable:								
(Principal office address MUST BE A STREET ADDRESS)	9							
	<u> </u>							
)							
Enter new mailing address, if applicable:	<u> </u>							
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>							
	>- &							
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here: Name of New Registered Agent:								
New Registered Office Address:								
Enter Flori	la street address							

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.

Cttv

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>	Name	Address	Type of Action
M&B	Orlando Rincon	SSBZ Corry ford Rd AP161 Orbando Fl 32822	,Æ Add
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			Change
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an effective date is ote: If the date i	other than the date of filing sted, the date must be specific and serted in this block does not m the date on the Department of St	cannot be prior to date cet the applicable st	of tiling or more than 90 ntutory filing requirem	days after filing.) Pursuant t	o 605.0207 (: listed as t
e record speci The 90th day	ies a delayed effective da after the record is filed.	ate, but not an o	effective time, at 1	12:01 a.m. on the e	arlier of:
ated	29/19 Orlan	·			
	Signature of a m	rido <u>Cr.</u>	2002 epresentative of a membe	n —	_
	Onlar	1. 2.	CON of signee		

Page 3 of 3

Filing Fee: \$25.00