## L19000144710

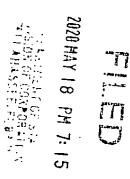
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JUN 0 5 2020

S. YOUNG

## **COVER LETTER**

Registration Section
- Division of Corporations

TO:

ATREMIS.	A DELIVERY LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MIGUEL VALDES		
		Name of Person	
	ATREMISA DELIVERY	LLC	
		Firm/Company	
	2768 W 60 ST		
	<del> </del>	Address	
	MIAMI FL 33016		
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report not	ification)
For further information of	oncerning this matter, please c	all:	
MIGUEL VALDES		305 303-7940 at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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)
Mailing Addre Registration Division of O P.O. Box 637 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATREMISA DELIVERY LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on MAY 28 2019 and assigned Florida document number \_\_\_\_\_\_L19000144710 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ARTEMISA DELIVERY LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida 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.

City

\_, Florida \_

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>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Change
			□ Remove
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			□Remove
			🗆 Remove
			□Add
			□Remove
			□Add
			Remove
			[[Change

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