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T. MATTHEWS MAR 2 3 2022

COVER LETTER

Division of Cor	rporations	
Orlando De SUBJECT:	clivery Associates, LLC	
	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Alex Jones	
	Name of Person	
	Orlando Delivery Associates	
	Firm/Company	
	2423 S Orange Ave Ste 360	
	Address	
	Orlando, Florida 32806	
	City/State and Zip Code	
	alex.jones@limdelivery.com	
	E-mail address: (to be used for future annual report notification)	
For further information c	concerning this matter, please call:	
Alex Jones	678 409-7379	
Name o	at (
Enclosed is a check for the	the following amount:	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed)	

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 변경 14 우리 1: 22

Orlando Delivery Associates, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) i Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on August 15th, 2019	and assigned
Florida document number L19000208495	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	RESS)	
		_
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the na</u>	me of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	F9	
	, Florida _	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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Logan R. Jack	13742 Beckman Dr	
		Windermere, FL 34786	□Remove
			□Change
····			□Add
			Remove
			Change
			□Add
			□ Remove
			Change
			□Add
			Remove
			Change
		 	\ \times Add
			□Remove
			□Change
			D∧dd
			Remove
			Change

Shareholder percentage- A	ex Jones (50%)	Logan Jack (5	0%)		
					
 					
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fective date, if other than the content of the date is listed, the date in this is sument's effective date on the content of the date in the date in the date on the date of t	ust be specific and e block does not me	annot be prior to et the applicab			
ecord specifies a delayed effect is filed.	ive date, but not a	n effective time	s, at 12:01 a.m. on th	ne earlier of: (b)	The 90th day after the
ated March 3rd		2022			
fl Dar	····································		•		
			red representative of a		
	Signature of a me	ember or authori	red representative of a	member	

Filing Fee: \$25.00