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PICK-UP WAIT MAIL	
(Business Entity Name)	_
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Codification of Status	
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COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Se Division of Cor			
oub trz		Y DELIVERY COMPANY LE	LC	
SUBJEC	.I:	Name of Lim	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		CLAYTON MAHONEY		
			Name of Person	
		MAHONEY DELIVERY	COMPANY LLC	
			Firm/Company	
		3301 spanish moss ter		
			Address	
		apt 206 lauderhil, fl 33319)	
			City/State and Zip Code	
		asleytaylor9@gmail.com		
			(to be used for future annual report notification)	
For furth	ner information o	oncerning this matter, please of	:all:	
CLAYT	ON MAHONEY		561 388-2068 at ()	
	Name o	f Person	Area Code Daytime 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 & ☐ \$60.00 Filing Fee Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)	atus &
	Mailing Address Registration S		Street Address: Registration Section	
	Division of C	forporations	Division of Corporations	
	P.O. Box 632 Tallahassee, l		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAHONEY DELIVERY COMPANY LLC

2020 F. - 11 7110: 46

(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our reconited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Comp Florida document number L19000294479	pany were filed on 12/09/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u></u>	<u> </u>
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	fice address on our records, ente	er the name of the new registe
agent and/or the new registered office address here:	The address via var room any <u>entro</u>	
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida street addr	ress
	F	Florida Zip Code
	•	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my duties, a t as provided for in Chapter 605	and I am familiar with and i, F.S. Or, if this document is

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>	<u>Address</u>	Type of Action
MGR	CLAYTON MAHONEY	3301 spanish moss ter apt 206	
		Lauderhill , Fl 33319	□Remove
			☐ Change
			□Add
			Remove
			Change
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
			Change
			□Remove
			□Change
			□Add
			□Remove

Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 603.026 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed. Dated Algorithms of a member of authorized representative of a member		
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Dated 2/5/20. Signarme of a member or authorized representative of a member		
Signature of a member or authorized representative of a member	Dated	$\frac{2/5/20}{1}$
ignature of a member or authorized representative of a member		(Mans re
		Signature of a member of authorized representative of a member

Filing Fee: \$25.00