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MAR 2 5 2020 S. YOUNG

COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co			
SUBJECT:	TDS Delive	ry Systems	LLC
	Name of Lim	ited Liability Company	
		•	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
,	Andrea Ten	emiah Collin	<u></u>
	<u>JDS</u>	Name of Person	US
		Firm/Lompany	
	3425	Truman Drive	7
	Holi	day FT, 3469	7/
	JOSDE/IVEI E-mail address: (1	City/State and Zip Code State and Zip Code State and Zip Code State and Zip Code State and Zip Code	nai/Com
For further information of	concerning this matter, please ca	all:	
Andrea Name o	Collins of Person	at (127) 945-C Area Code Daytime Telep	345 D
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)
<u>Mailing Addres</u> Registration I Division of C	Section	Street Address: Registration Section Division of Corporat	ions
P.O. Box 632	•	The Centre of Tallah	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF	707
<u>JD</u> S Delive	ery Systems	LLC温量
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on ou da Limited Liability Company)	ir records.)
The Articles of Organization for this Limited Liability (Company were filed on Janua	ary// 20 and assigned
Florida document number <u>L200002</u>	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:	
N/a		
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	et address
		. Florida
	City	, 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 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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
mgri	n Andrea Collins	3425 Truma	n □ Add
		Holiday Fl,	34691
			(L'Change
MgRI	n Teiemiah Collins	3425 Truma	n Dr, Madd
	n Teremiah Collins	Holiday Fl	134691
			□Change
			□Add
			□Remove
		.	
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

, 11 an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
<u>Note</u>	tive date, if other than the date of filing:
he reco	ord 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 filed.
Dated	March 3rd . 2020.
	March 3rd 2020. Andrea Collins Signature of a member or authorized representative of a member
	Andrea Collins

Filing Fee: \$25.00