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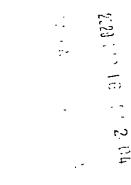
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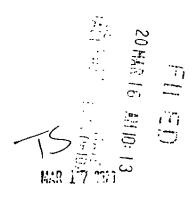
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## **COVER LETTER**

	Registration S Division of Co						
SURJECT	GOPHER	DELIVERS NOW LLC					
SCEVEC	*	Name of Limited Liability Company					
The enclo	sed Articles of	Amendment and fee(s) are suf	omitted for filing.				
Please reti	urn all corresp	ondence concerning this matter	to the following:				
		GREGORY A. FOX, ESC	).				
			Name of Person				
		FOX & FOX, P.A.					
			Firm/Company	<del></del>			
		2515 COUNTRYSIDE BI	LVD., SUITE G				
			Address	<del>"</del>			
		CLEARWATER, FLORII	DA 33763				
			City/State and Zip Code	<del></del>			
		GREG@FOXLAWPA.CO					
For further	information a	E-mail address: ( oncerning this matter, please c	to be used for future annual report notif	fication)			
TOT TUTTIE!	information c	oncerning this matter, please c	aii:				
PAULA F	AKIOLAS		727 796-4556 at ()				
	Name o	f Person	Area Code Daytime	e Telephone Number			
Enclosed is	s a check for th	ne following amount:					
\$25.00	) Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>			
R	lailing Addres	Section	Street Address: Registration Sec				
	ivision of C .O. Box 632	•	Division of Corporations The Centre of Tallahassee				
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOPHER DELIVERS NOW, LLC.				
(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) Limited Liability Company)	<del></del> -		
he Articles of Organization for this Limited Liability Co	mpany were filed on JANUARY 23, 2020		and acci	aned
orida document number L20000029081			una 2331	gried
nis amendment is submitted to amend the following:	r			
. If amending name, enter the new name of the limit	ed liability company here:			
HE FETCH APP, LLC.				
ne new name must be distinguishable and contain the words "Limite	ed Liability Company." the designation "LLC" or the	e abbrevia	ition "L.L	C."
nter new principal offices address, if applicable:				
rincipal office address MUST BE A STREET ADDRE	ESS)			
		· · ·	20.0	
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iter new mailing address, if applicable:		•	5 <b>7.</b> 240	٠,
failing address MAY BE A POST OFFICE BOX)			رن ن	
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			<del>-</del>	
If amending the registered agent and/or registered	office address on our records. <u>enter the n</u> a	ame of t	he new	regist
ent and/or the new registered office address here:		`. <del>-</del>	•	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida		o Code	
	City	Zi;	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 us 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
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Filing Fee: \$25.00