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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: ANGIE'S DELIVERY LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
LIVOMILA SANCHEZ GONZALEZ Name of Person
ANGIES DELIVERY LLC Firm/Company
5770 SW 112th AVE
MIRMI FI 33173 City/State and Zip Code
City/State and Zip Code
LIVOMIA, SANCheze YAhov.es
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Name of Person Name of Person Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$55.00 Filing Fee Certificate of Status Certificate of Status & Certificate of Stat
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ARTICLES OF ORGANIZATION OF	ON 2.237	⁵
ANGIES DELINEY IIC (Name of the Limited Liability Company as it now appears of		

(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000038322</u>			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	llity company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the desig	nation "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			- -
	<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 office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our reco	rds, <u>enter the name</u>	of the new registered
New Registered Office Address:			
New Registered Office Address.	Enter Florida	strect address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Cha	duties, and Lam fa pter 605, F.S. Or, i	miliar with and this document is
If Char	aning Durithred Agent	Signature of New Rogi	stered 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
AHBR	CIUDMILA BANCHEZGON	24/es	
			□Remove
		5770 SW 112th AVE MINHILL F 133173	¥ Change
AMBR	Roberto Sanchez Santana		Dadd
			□Remove
		57705W 112+11 AVE HIGHI FI 33173	Change
			□Add
			□Remove
			□ Change
<u></u>			🗆 Add
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			[]Change
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			☐ Change

). If amending any o	other information, enter change(s) here: (Attach additional sheets, if necessary:)
_ 	
-	
and the second of the second o	
Effective date, if of (If an effective date is ling) Note: If the date in	ther than the date of filing:
the record specifies a coord is filed.	Iclayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated Mac	Signature of a rismber of authorized representative of a member
	Liulmila Sanchez Gonzalez. Typed or printed name of signee

Filing Fee: \$25.00