# L20000110097

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PCK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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ALLAHASSEE, FL

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MAY 2 1 2021 ! ALBRITTON

## Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 5/20/2021		**WALK IN**
ENTITY NAME LOCAL (	& GLOBAL HOME DELIVERIES LLC	
DOCUMENT NUMBER_		
	**PLEASE FILE THE ATTACHED AND RETURN**	
xxxx	Plain Copy Certified Copy	WWALK MY
	Certificate of Status	
**/	CLEASE OBTAIN THE FOLLOWING FOR THE ABOVE EN Certified Copy of Arts & Amendments Certificate of Good Standing	<b>7779**</b> HT 415 AM
	**APOSTILLE' / NOTARIAL CERTIFICATION*	**
COUNTRY OF DESTINAT NUMBER OF CERTIFICA		
TOTAL OWED \$25.00	ACCOUNT #: I20	0160000072
Please call Tina at t	he above number for any issues or concerns. T	hank you so much!

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

	$\mathbf{v}$
	ORGANIZATION  OF  Any as it now appears on our records.) Liability Company)  were filed on 04-22-2020 and assigned
Local & Global Home Deliveries LLC	(A) (A)
(Name of the Limited Liability Comp. (A Florida Limited	inv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 04-22-2020 and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	4530 S Orange Blossom Trail
Principal office address MUST BE A STREET ADDRESS)	Orlando , FL 32839
	<u> </u>
Enter new mailing address, if applicable:	4530 S Orange Blossom Trail
Mailing address MAY BE A POST OFFICE BOX)	Orlando , FL 32839
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	ffice address on our records, <u>enter the name of the ne</u> e:
Name of New Registered Agent:	
New Registered Office Address:	·
	Enter Florida street address
	Florida
	City 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
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/s/ Jonathan Petit Signature of a member or authorized representative of a member					
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Filing Fee: \$25.00