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SECRETATIONS PAIR
TALLAHASSEE PAIR

D. BRUCE SEP 15 2020

COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT: <u>Ins</u>	ua Lopez Name of Lim	Delivery LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Insual	Lopez Delivery Firm Company	
		OUTH AVE TA	
	TAM, liavyslo E-may address:	PA Florida City/State and Zip Code PEZ 89 a 9 ma to be used for future annual gener noti	TALLAHAS SEE JALL 8: 03
For further information co	oncerning this matter, please e	all:	7 A ASS
Liuvys Name o	Lopez Person	at (<u>&/3</u>) <u>\$51</u> Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
₩\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Li \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tysua Lopez Delivery LLC. (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $6-12-2020$ and assigned
Florida document number <u>L 2000016 34</u> .78.
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 "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new register</u> agent and/or the new <u>registered office address here</u> :
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
City Florida Green City
New Registered Agent's Signature, if changing Registered Agent:
New Registered Agent's Signature, if changing Registered Agent: Thereby 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
AMBR	Liuvys Lopez	2526 W SOUTH AVE TAME	Zy Add
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			_ □Change
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an effective date tote: If the date ocument's effection	if other than the is listed, the date mu- e inserted in this bl ctive date on the D	st be specific and lock does not m repartment of St	cannot be prior t cet the applica ate's records.	o date of filing or i ble statutory fili	more than 90 days ng requirements	after filing.) Pursu s, this date will n	ot be listed	as t
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Filing Fee: \$25.00