## 120 000 186919

(Re	equestor's Name)	·
(Ac	idress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
	•	·
(Do	cument Number)	
·	,	/
Certified Copies	Certificates	of Status
	_	
Special Instructions to	Filing Officer:	
		]
		J
		Ì
		ł
		ł

Office Use Only



300359586333

02/08/21--01024--022 \*\*30.00

2021 1 2-8 PH 3: 33

Aul



March 30, 2021

**OLIVIA WALKER** 315 NE 25 TERR CAPE CORAL, FL 33909

SUBJECT: PICKUP EXPRESS FLORIDA LLC

Ref. Number: L20000286919

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," or the words "LIMITED LIABILITY COMPANY." Please amend the name of your entity accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 521A00006568

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Pickup Express Flor	ida LLC		
Name of Limited Liaotti	ty Company		
The enclosed Articles of Amendment and fee(s) are submitted for	filing.		
Please return all correspondence concerning this matter to the following	owing:		
Olivia Wa	Jker ne of Person		
Pickup Expres	55 Florida LLC		
315 NE 2	5 terr Address		
Cape Co	oral F1. 33909  Ite and Zip Code		
First Priority E-mail address: (to be used	for future annual report notification)		
For further information concerning this matter, please call:			
Name of Person at	(234) 771 - 097 Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:			
Certificate of Status Ce	5.00 Filing Fee & S60.00 Filing Fee, critified Copy ditional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address:	Street Address:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

305

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Pickup Express Florida L.Z.  (Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)				
The Articles of Organization for this Limited Liability Company were filed on 9182000 and assigned Florida document number 120000 286919				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabile.  First Priority Delivery The new name must be distinguishable and contain the words "Limited Liability".	ty Company," the designation "LLC" or the abb	previation "L.L.C."		
Enter new principal offices address, if applicable:	16440 5 Tami	ani Irai		
(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 adagent and/or the new registered office address here:	Fort Myers Fl  16440 5 Tan  Fort nuyers	<del></del>		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address	1 2 2		
	, Florida	75-0-7		
New Registered Agent's Signature, if changing Registered Agent:	On,	rup Code		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	verformance of my duties, and I am fa vovided for in Chapter 605, F.S. Or. ii	miliar with and f this document is		

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
<del></del>			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
<del></del>			
			□Remove
			F3Changa

D. If amend	ing any other info	mation, enter c	hange(s) here:	(Attach additio	onal sheets, if ne	cessary.)	
	T WOUL	<i>II</i> 1 1	· i	Ji		1 1	nan
/	20 mus	1.1-	C . D	10 kun	From	the so Flo	ada.
<del>- (.</del> )	16.10	Fics	•		Dolor	ry Ser	(1475)
	٠٠٠٠ - المان	+11/5	t pri	ority	Denve	ry su	vice C
				····			
<del></del>		<del></del> .					
					· · · · · · · · · · · · · · · · · · ·		
<del></del>		. <u>.</u>		<del></del>	<del>-,.,</del>		
				·		<del></del>	<del></del>
					<del></del>		<del></del>
<del></del>	<del> </del>			<del></del>		<del></del> -	
							<del></del>
			<del></del>	<del></del>			
			·	<del>-</del>	-		<del></del> -
110tc.	date, if other than to re date is listed, the date on the date inserted in this is effective date on the	o diock does houn	ect the applicabl	2021 late of filing or more c statutory filing	(opt ore than 90 days afte requirements, th	ional) or filing.) Pursuant to is date will not be	605.0207 (3)(b) listed as the
If the record sporecord is filed.	ecifies a delayed effec	tive date, but not	an effective time	, at 12:01 a.m. o	n the earlier of: (l	b) The 90th day a	after the
Dated	April	1,	2021		_		
		Signature of a m	ember or authoriz		Comments.		
		_*					
		$\underline{Oli}$	1.a. le	)alke	· · · · · · · · · · · · · · · · · · ·		
		•	Typed or printed n	ame of signee			•