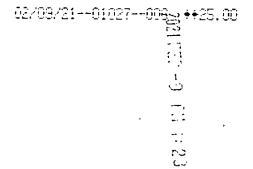
LZO 000315369

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

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• TO: Registration S Division of Co					
A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	y delivery LLC		,		
SUBJECT:	Name of Lin	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	John Franky Madera				
		Name of Person			
	John Franky defivery LLC				
Firm/Company					
	9025 harding ave apt 3				
		Address			
	surfside fl 33154				
		City/State and Zip Code			
	johnfrankydeliverycompan	~ -			
For further information (E-mail address: (concerning this matter, please c	to be used for future annual report no all:	otification)		
John Franky Madera	<u> </u>	786 6652084			
Name o	of Person	at () Area Code Dayti	me Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed		
<u>Mailing Addre</u> Registration		Street Address: Registration S	Section		
Division of Corporations		Division of Co	Division of Corporations		
P.O. Box 632 Tallahassee,		The Centre of	Tallahassee oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

John Franky delivery LLC	
(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 october 5,2020	and assigned
Florida document number 1.20000315369	
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 "LLC" or the a	bbreviation "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 nar</u>	
3. If amending the registered agent and/or registered office address on our records, enter the nar gent and/or the new registered office address here:	ne of the new regi:
	î j
Name of New Registered Agent:	1
	2.5
New Registered Office Address: Enter Florida street address	رع
Florida	Č-
FIQFIQA	

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.

City

Zip Code

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	John Franky Madera	9025 harding ave apt 3 surfside fl 33154	□Add
			□Remove
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			Remove
			□ Change
			🗀 Add
		- 11	□Remove
			Change
			□Remove
			Change

				
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fective date, if other than the n effective date is listed, the date muster. If the date inserted in this blocument's effective date on the D	st be specific and cannot be pric lock does not meet the appli department of State's record	icable statutory filing red s.	quirements, this date will n	ot be listed as:
coord specifies a delayed effectiv is filed.	e date, but not an effective	ume, at 12:01 a.m. on th	ie earner oi: (b) The 90th	agy after the
october 21 ted	2020	<u> </u>		
loho	Signature of a member or aut	MAde	ea cabr	lRA