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5.C.

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Pouncy Delivery Solutions UC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shawn M Pouncy Name of Person
Pourcy Delivery Solutions (C)
5220 SW 21St Street
West Park, Fl. 33023 City/State and Zip Code
Shawn Douncy (a Gmail). (Um E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shawn W Pouncy at 305 684-4648 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$(additional copy is enclosed)\$\$ \$\Bigcup \$60.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)\$\$ \$\Bigcup \$25.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)\$\$
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32303 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ability Company as it now appears on our records. The Articles of Organization for this Limited Liability Company were filed on Oly 9 Florida document number <u>L2</u>1000035850 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 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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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 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 **Type of Action Address** Title Name AMBR Shawn IN Pouncy 5220 SW21³⁺ Street DAdd

West Park, Fl. 33023 DRemove _____ □Remove _____ Change _____ 🗆 Add □Remove _____ Change _____ □Add

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