## K21000076222

(Requestor's Name)
(requester 5 Name)
(Address)
(1661253)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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## **COVER LETTER**

Division of Corp	orations			
suвјест: <u>Lay</u>	cie & Liberty Name of Einni	Delivery Service Service Liability Company	ie, LLC	
	mendment and fee(s) are subsidence concerning this matter			
	Legorie	Pyne. Name of Person		
		erty Delivery Ser	vice, LLC	
	1448 Redbira	Address		
	. lacksonville	E、Fし 3ネネスト City/State and Zip Code		
	E-mzil address: (	to be used for future annual report notif	fication)	2021 SI
For further information co	ncerning this matter, please co	all:		
Legorie Pyne Name of	Person	at (704) = 23- Area Code Daytime	-6363 e Telephone Number	2021 SEP 23 AM 7: 29
			[25]	7: 29
Enclosed is a check for the	e following amount:			
∑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of State Certified Copy (additional copy is en	itus &

Mailing Address:

TO:

**Registration Section** 

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Laucie & Liberty De	livery Service, LLC
(Name of the Limited Liability (A Florida	ity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on March 26, 2021 and assigned.
Florida document number <u>L2100007622</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u>-</u>
(Principal office address MUST BE A STREET ADDI	RESS)
	AC SI FI
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
	; 9
~ ~ ~ ~	ed office address on our records, enter the name of the new registere
agent and/or the new registered office address here:	
Name of New Registered Agent:	egorie Pyne
New Registered Office Address:	
	Enter Florida street address
	Florida

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

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addedor removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR <del>MFS.y</del> .R	Lahedra Pyne	1448 Redbird Creek Dr.	_ 🗆 Add
		Jacksonville, FL 32221	_⊠Remove
			_ Change
MGR	Legorie Pyne	1448 Redbird Creek Dr.	_ ØAdd
		Jack-sonville, FL 32221	□ Remove
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n effective date is listed.	the date must be specific and in this block does no	and cannot be prior t	o date of filing or m	ore than 90 days after	filing.) Pursuai	nt to 605.020
cument's effective da	te on the Department of	of State's records.	ore surreitory mini	5 requirements, uno	date will not	t be fixted a
ecord specifies a delay is filed.	red effective date, but i	not an effective tin	ne, at 12:01 a.m. o	on the earlier of: (b)	The 90th o	lay after th
is filed.		<b>.</b>				
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