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| (Red | questor's Name) | | | |
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| PICK-UP | WAIT | MAIL | | |
| (Bus | siness Entity Nar | me) | | |
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COVER LETTER

| TO: Registration Se Division of Cor | | | • |
|----------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| SUBJECT: | st Route Deli | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | | | |
| | | Name of Person | |
| | Fast Rant | 2 Delt VRY LLC | |
| | 001 NI | 11 110 ~ | |
| | 2CI N | Address | |
| | DoerfieldB | each Fl 330 |)6U |
| | Fastrate | City/State and Zip Code City/State and Zip Code Company Comp | tication) |
| For further information c | oncerning this matter, please ca | all: | |
| Rober | f Person | at (564) 788- Area Code Daytim | 31 91 e Telephone Number |
| Enclosed is a check for the | ne 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) |
| Mailing Address Registration S | | <u>Street Address:</u> Registration Se | ction |
| Division of C | orporations | Division of Cor | porations |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| tast Rout | te Delivery | _ |
|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------|
| (Name of the Limited | d Liability Company as it now appears on o A Florida Limited Liability Company) | ur records.) |
| The Articles of Organization for this Limited Lia Florida document number \(\bigcup_{21000146}^{000146} \) | bility Company were filed on 3/2 | 25/2021 and assigned |
| This amendment is submitted to amend the follow | wing: | |
| A. If amending name, enter the new name of the new name must be distinguishable and contain the wo | PRY LIC | tion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applica (Principal office address MUST BE A STREET | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE B | <u></u> | |
| B. If amending the registered agent and/or reagent and/or the new registered office address | 74." | s, enter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida str | eet address |
| | City | Florida |
| | cny | Zip Coae |

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

| <u>Title</u> | Name | Address | Type of Action |
|--------------|----------------|---------------------------|------------------|
| AMBR | Jean R. Anneau | 221 NW 40TH ST | D Add |
| | | Deafield Boach FL 330 | ☐ Remove |
| | | | □Change |
| AMBR | Jan W. Annail | 221 NW 40+H ST | □Add |
| | | Deerfield Beach, FL, 3306 | <u>Ц</u> □Remove |
| | | | Change |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) _ (optional) E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated Sphature of thember or authorized representative of a member

Filing Fee: \$25.00