LZI 000Z18440

(Requestor's Name)			
(Ad	ldress)		
	[d)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
(Bu	isiness Entity Nar	ne)	
(Do	cument Number)		
Certified Copies	Certificates	s of Status	
			
Special Instructions to	Filing Officer:		

Office Use Only



800366902068

05/24/21--01019--008 +*25.00



COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Section Division of Corporations						
	YOU COURIER SERVICE L.L	.C.				
SUBJECT:Name of Limited Liability Company						
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corres	pondence concerning this matter	to the following:				
	Michael Williams					
Name of Person						
	THANK YOU COURIER	SERVICE L.L.C.				
	Firm/Company					
	543 Lime St.					
	Address					
	Maitland, FL 32751					
		City/State and Zip Code	 			
	manman l 11309@gmail.com					
	E-mail address: (to be used for future annual report noti	fication)			
For further information	concerning this matter, please c	all:				
Michael Williams		407 9671941				
Name	of Person	at ()	e Telephone Number			
Enclosed is a check for	the 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 Addr		Street Address:	otion			
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

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

THANK YOU COURIER SERVICE L.L.C.

(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records a Limited Liability Company)	,)
The Articles of Organization for this Limited Liability C Florida document number L21000218440		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited 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:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	•	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	rida
	City	Zip Code

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 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>	<u>Address</u>	Type of Action
AR	Roderic Williams	1070 Cottontail Ln.	□Add
		Maitland, FL 32751	■Remove
			□Change
MGR Roderic Williams	Rođeric Williams	1070 Cottontail Ln.	≝Add
		Maitland, FL 32751	□Remove
			□Change
			∐Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			
			□Remove
			□Change
			.? □Add ;?,
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) I want Roderic Williams to be removed as an Authorized Representative (AR) and changed to a Mnager (MGR) of THANK YOU COURIER SERVICE L.L.C. 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_May 19 2021 Signature of a member or authorized representative of a member Michael Williams Typed or printed name of signee

Filing Fee: \$25.00