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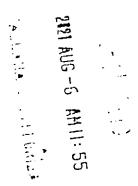
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COVER LETTER

TO:

Registration Section Division of Corporations

	ASS DELIVERY LLC		
SUBJECT:	Name of Lin	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:	
	GEORGE L. BROOKS		
		Name of Person	
	I B 1ST CLASS DELIVE	RY LLC	
	-	Firm/Company	
	1871 NW 171st STREET		
		Address	
	MIAMI GARDENS FL 33		
		City/State and Zip Code	
	b1stclassdelivery@gmail.co		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
GEORGE L. BROOKS		305 725-3138	
Name o	l'Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addres</u> Registration S Division of C	Section	Street Address: Registration Se Division of Co	
P.O. Box 632	•	The Centre of	
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TB 1ST CLASS 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 $\frac{05/17/2021}{}$ and assigned Florida document number <u>L21000226544</u> 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 few registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

_, Florida _

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	GEORGE L BROOKS	1871 NW 171st STREET	= Add
		MIAMI GARDENS FL. 33056	Remove
			□ Change
			□Add
			□Remove
			Change
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effective date is listed, the date m	ust be specific and cannot be pri block does not meet the appl	or to date of filing or m icable statutory filing	ore than 90 days after fil g requirements, this d	ing.) Pursuant to 605.020 ate will not be listed a
iment's effective date on the	Department of State's record	8.		
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ord specifies a delayed effect filed.	ve date, but not an effective	time, at 12:01 a.m. c	on the earlier of: (b)	The 90th day after the
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/n/1 ~ P				

Filing Fee: \$25.00