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## **COVER LETTER**

TO: Registration Section **Division of Corporations** DROP OFF DELIVERY SERVICE, LLC SUBJECT: 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: JESSICA GUERRERO Name of Person DROP OFF DELIVERY SERVICE, LLC Firm/Company 1475 WOODLAKE DRIVE H186 Address LAKELAND, FL 33803 City/State and Zip Code INSTALLDELIVERY2021@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JESSICA GUERRERO Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

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

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DROP OFF DELIVERY SERVICE, LLC	S C N
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	Any as it now appears on our records.)
The Articles of Organization for this Limited Liability Company	were filed on 05/25/2021 and assigned
Florida document number L21000243758	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
INSTALL DELIVERY SERVICE, LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1475 WOODLAKE DR H186
Principal office address MUST BE A STREET ADDRESS)	LAKELAND, FL 33803
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	<del></del>
3. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new register
Name of New Registered Agent:	
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

Zip Code

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
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Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior Note: If the date inserted in this block does not meet the applic document's effective date on the Department of State's records.	(optional) r to date of filing or more than 90 days after filing.) Pursuant to 605.020 cable statutory filing requirements, this date will not be listed as
the record specifies a delayed effective date, but not an effective ti ford is filed.	ime, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated NOVEMEBR 01 2023	·
(1) della	orized representative of a member

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Typed or printed name of signee