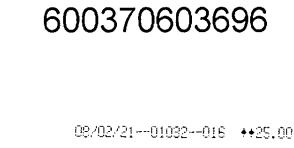
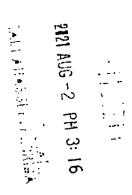
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(R	equestor's Name)	
(A	ddress)	
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(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(C	Occument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
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Office Use Only

COVER LETTER

Division of Co			
SUBJECT:	JOE GRIFF	IN DELIVERS,	LLC
	Name of Lim	ited Liability Company	
The condition Amelians	·	Local discussion	
	Amendment and fee(s) are sub	-	
Please return all correspondence	ondence concerning this matter	to the following:	
	Conne	e L. Humfeld Name of Person	
	JOE GR	IFFIN DELIV	ERS, LLC
	.30 SW 1.	SH Street Address	
	Dama Ber	Chy/File and Zip Code Lagmar Ly Com to be used for future annual report notifi	×4
	Chumfeld E-mail address: (1	Dymail, con	lication)
For further information c	concerning this matter, please ca	ill:	
Conniè L.	Hum feld	at $(\frac{754}{\text{Area Code}})$ Daytime	3- 0602 e Telephone Number
Enclosed is a check for the	he 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 Addres	<u>s:</u>	Street Address:	

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

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

(Name of the Island	(A Florida Limited Liability	Company)	· '	
The Articles of Organization for this Limited Li Florida document number <u>L 2100033</u>	iability Company were fi 4663	led on July 23,	202	1 and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	f the limited liability co	mpany here:		
The new name must be distinguishable and contain the w	ords "Limited Liability Com	pany," the designation "LLC"	or the abbr	eviation "L.L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:			, , ,	2 121 /UG
(Mailing address MAY BE A POST OFFICE A	<u>BOX)</u>		- · · · · · · · · · · · · · · · · · · ·	<u>16</u>
	 -	· · · · · · · · · · · · · · · · · · ·		·>
B. If amending the registered agent and/or reagent and/or the new registered office addres		on our records, <u>enter t</u> l	he name	of the new register
Name of New Registered Agent:	Connie L.	Hum Feld		
New Registered Office Address:		Enter Florida street address		
		, Flor	ida	Zip Code
	Cin	.*		zw 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.

If Changing Registered Agent. Signature of New Registered Agent

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	Connie L. Humfeld	30 SW 15th Street Dania Beach, FL 330	□Add
		Dania Beach, FL 330.	O LE Remove
			□Change
AMBR	Joseph C. Griffin	30 SW 15th Street Danie Beach, FC 330	[EAdd
		Danie Beach FC 330	Remove
			□Change
			🗆 Add
		\frac{\frac{1}{2}}{2}	Remove
			Remove ACG Change
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			□Change

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ctive date, if other than the date of effective date is listed, the date must be speciently listed the date must be speciently listed the date inserted in this block does insent's effective date on the Department.	s not meet the app	dicable statutor	202) ng or more than y filing requir	optio 90 days after ements, this	o nal) filing.) Po date wi	ursuant to 605.0 Il not be listed
ord specifies a delayed effective date, b filed.						Oth day after t
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d July 26 Ju sy Signif	Automember or w	thariant range on	ntative of a man	nher		