# LZI 000431794

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone i	<del>¥</del> )
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	e)
(Dx	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
MWSST	1	
<del></del>	Office Use Only	



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December 15, 2021

APRIL ORR 1766 SOROLLA COURT ORLANDO, FL 32811

SUBJECT: UNIQUE COURIER LLC

Ref. Number: L21000431794

We have received your document for UNIQUE COURIER LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 721A00030252

www.sunbiz.org

## **COVER LETTER**

Division of Co			•
	COURIER LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter		
	APRIL D ORR		
		Name of Person	
	UNIQUE COURIER		
	<del></del>	Firm/Company	
	1766 SOROLLA COURT		
		Address	
	ORLANDO/ FL 32811		
		City/State and Zip Code	<del></del>
	SARAHANDDAVID7088(	@GMAIL.COM to be used for future annual report no	
For further information c	oncerning this matter, please c	·	ancation)
APRIL D ORR		407 624-0516	
Name o	f Person		ne Telephone Number
Enclosed is a check for th	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 Addres Registration S Division of C	Section	Street Address: Registration Se	
DIVISION OF C	orporations	Division of Co.	rporations

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

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UNIQUE COURIER 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 10/01/2021	and assigned
Florida document number	· ·	
This amendment is submitted to amend the following:		FIL 2021 DEC 2 SECREDA
A. If amending name, enter the new name of the lin	mited liability company here:	D FAME
	<del>-</del>	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC	
Enter new principal offices address, if applicable:		120 C
(Principal office address MUST BE A STREET ADL	DRESS)	17)
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or register	red office address on our records, enter	the name of the new registered
agent and/or the new registered office address here:	:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	;
		orida
	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

1

<u>Title</u>	Name	Address	Type of Action
MGR	APRIL D ORR	1766 SOROLLA COURT ORL, FL 32811	<b>=</b> Add
		-	□Remove
			□Change
		<del></del>	□Add
			□Remove
			□Change
			□Add
		□Remove	
			□ Change
	<del></del>		□Add
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		<del>-</del>	□Remove
			□Change
	<del></del>		□Add
			□Remove
			□Change

## Page 2 of 3

Effec (If an c	tive date, if other than the date of filing:  10/01/2021  (optional)  (in this block does not meet the applicable statutory filing requirements, this date will not be listed as the proof of the date of of the da
:Note:	ment's effective date on the Department of State's records.
docur	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
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Filing Fee: \$25.00