# h22000035252

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 28, 2022

JESSICA CABRERA 12049 SW 15 STREET, UNIT 187 PEMBROKE PINES, FL 33025

SUBJECT: ALL IN DISPATCH 24 LLC

Ref. Number: L22000035252

We have received your document for ALL IN DISPATCH 24 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Letter Number: 722A00016789

Tekayla T Matthews OPS

AUG 15 2022

www.sunbiz.org

DO DOVIGOR BUILDING CO.

### **COVER LETTER**

TO: Registration Se Division of Cor						
SUBJECT: A	lin Dispat	-ch 24 LLC ited Liability Company	<del></del>			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Jess	Name of Person				
	All in	Dispaten 24 Firm/Company	ALLCHARASSES THE NIT 1878			
	12049	SW 15 ST U	MALLAHASSEE PE			
		City/State and Zip Code  Spa+ch 24 Coto be used for future annual report notified.	L, 33025			
For further information c	E-mail address: ( oncerning this matter, please co		cation)			
Jessica Name o	Cabrera	at ( <u>305</u> ) <u>812</u> Area Code Daytime	Telephone Number			
Enclosed is a check for the	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 Address: Registration Section		Street Address: Registration Sec				
Division of Corporations 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 ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Comp (A Florida Limited	+CV 24 LLC any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L 2200003525</u> 2	y were filed on O1 18	ZZ_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	~
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation L.L.C.
Enter new principal offices address, if applicable:	NA.	- receipt
(Principal office address MUST BE A STREET ADDRESS)		SSEE R D
Enter new mailing address, if applicable:	NIA.	05
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:	sica Cabrera	
New Registered Office Address:	. Enter Florida street address	
	, Florid	a
New Registered Agent's Signature, if changing Registered Agent	•	sup Cone

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>	<u>Name</u>	Address	Type of Action
MC712	Jessica Cubrere	Pembroke Pines, FL, 3302	<u>87</u> □Add
		Pembroke Pines, FL, 5502	□Remove
			<b>5</b> Change
			□Add
			□Remove
			□Change
		TALLAH	2022Remove
		NE N	Change PA D DAdd
			` <mark>U</mark> Remove
			□Change
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	Marria Banus	yl. I	Before	Jam	Was Jess	Jes	sira Zabi	<u> </u>
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	date if other th	ian the date of	f filing:	ior to date of filing	or more than 90 c	_ (optional)	Purcuant to	605 0201
Effective	ive date is listed the	n this block doe.	s not meet the app	licable statutory	filing requireme	ents, this date	will not be	listed as
f an effect Note: - If	ive date is listed, the the date inserted in	n the Donastma						
f an effect Note: If	ive date is listed, the	n the Departme	in or state 3 recor	u.r.				
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If an effect Note: If document e record s rd is filed	ive date is listed, the the date inserted in t's effective date of specifies a delayed l.				.m. on the earli	er of: (b) The	e 90th day	after the
If an effect <b>Note:</b> If documen	ive date is listed, the the date inserted in t's effective date of specifies a delayed l.	effective date, b		e time, at 12:01 a			e 90th day	after the

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)