122000106413

(Re	questor's Name)	
(Ad	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer:		
		:

Office Use Only



200385493312

04/18/22--01035--009 **25.00

22 APR 18 PH 2: 50

T. MATTHEWS MAY 20 2022

COVER LETTER

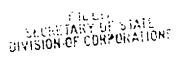
Registration Section Division of Corporations

TO:

SUBJECT: STAFFOUTY DELIVERY SERVICE, LCC 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:
CHRISTOPHER G. BODIE Name of Person
STAFFDUTY DELIVERY SERVICES LL
151 N. MOB HILL RD 518 418
Pla-vladie in FL 33324 City/State and Zip Code
E-mail andress: (to be used for fature annual report notification)
For further information concerning this matter, please call:
CHRISTOPHER Co. Teal.e at (754) 997-2786 Namy of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



22 APR 18 PM 2: 50

(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on o ability Company)	our records.)
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designa	tion "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 a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our record	ls, enter the name of the new register
New Registered Office Address:	D 51 41	
	Enter Florida sti	eet address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	5.10	v
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my a rovided for in Chapt	luties, and I am familiar with and ter 605, F.S. Or, if this document is

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
MGR	BOOIE, CHRIStophe	n G. 15/ N. MOB Hill.	RD DATE
		Sec: 10 418 Plastation F1 333	
		Plastation F1 33	SH [] Change
-			□Add
			□ Remove
			□Add
			□Remove
			DChange
	*		□Add
			□ Remove
			□Change
			□Add
			Remove
			□Change
			□Remove
			□Change

_	
_	
_	
-	
-	
_	
-	
-	
_	
_	
-	
-	
_	
_	
_	
_	
_	
(If an eff	ve date, if other than the date of filing:
he recor	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	April in 2002 Ohje Colo
	Signature of a member or authorized representative of a member
	CHRISTOPHEN G. BODIE Typedor printed name of signee