

## L22000 188 113

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## **COVER LETTER**

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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 OF

Delivering Every hing (Name of the Limite	Around Lin	isks LLC		<del></del>	
(Name of the Lipste	A Florida Limited L	ny as it now appears on liability Company)	our records.)		
The Articles of Organization for this Limited Lin	ability Company	were filed on 0.31	<u>।वीक्रम</u>	and assi	gned
Florida document number <u>L 22 000 1 881</u>	(3				
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the design	nation "LLC" or the	abbreviation "L.I	C."
Enter new principal offices address, if applica	able:			·	
(Principal office address MUST BE A STREE	T ADDRESS)		·		
				. JIL	$\frac{1}{2}$
Enter new mailing address, if applicable:				<del>::                                   </del>	<u> </u>
(Mailing address MAY BE A POST OFFICE I	<u>80X)</u>	<del></del>		70 m	
			<del></del>	- <del> </del>	
				三型 %	
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our recoi	rds, <u>enter the n</u>	ame of the new	<u>registered</u>
Name of New Registered Agent:	lehoa Ro	-sende Nascim	ento		
New Registered Office Address:	2650 May	Shall Rd Enter Floridas	street address		<del></del>
		Bon.fay	, Florida	32425	
		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.

Thanging 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
MirR	Alena Kishko Nogiera	6502 Hidden Brach Cir	□ Add
		Orlando PL 32819	<b>©</b> Remove
			Change
<del>1.</del>			□ Add
·			□Remove
			Change
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			©Change
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			□Remove
			.∏Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record 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 record is filed.
Dated July 13 2024.
Signature of a recomber of authorized representative of a member
Typed or printed name of signee

Filing Fee: \$25.00