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SECRETARY OF STATE
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COVER LETTER

TO: Registration S Division of Co			
	RY EXPRESS GY LLC	,	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	NAVEED HANIF		
		Name of Person	
	ADVANTAGE ACCOUN	TTING AND TAX LLC	
		Firm/Company	
	2700 N MILITARY TRA	IL, SUITE 200	
	· · · · · · · · · · · · · · · · · · ·	Address	***************************************
	BOCA RATON, FL 3343	1	
		City/State and Zip Code	
	r_sugdeoo@hotmail.com		
	E-mail address: (to be used for future annual report not	fication)
For further information	concerning this matter, please c	all:	
RENNARD SUGDEO		954 600-1589	
Name	of Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for	the 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 Addr		Street Address:	
Registration Division of	Section Corporations	Registration Se Division of Cor	
P.O. Box 63	•	The Centre of T	-

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT **ARTICLES OF ORGANIZATION**

DELIVERY EXPRESS GY LLC							
(Name of the Limited (A	Liability Compa Florida Limited	any as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liab	bility Company	were filed on <u>07/22/2022</u>	and assigned				
This amendment is submitted to amend the follow	ving:						
A. If amending name, enter the new name of t	he limited liab	oility company here:					
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."				
Enter new principal offices address, if applicat	ole:	6848 NW 26TH STREET					
(Principal office address MUST BE A STREET ADDRESS)		MARGATE, FL 33063					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6848 NW 26TH STREET					
		MARGATE, FL 33063					
B. If amending the registered agent and/or reg agent and/or the new registered office address Name of New Registered Agent:	here: RENNARD SU	JGDEO	2022 SEP SECRIETI TALLA				
New Registered Office Address:	6848 NW 26TH STREET		<u> </u>				
	MARGATE	Enter Florida street address	33063FF S 5				
		City	神野 5				
New Pegistered Agent's Signature if changing Pe	aistored Agent:		(T)				

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.

New Registered Agent's Signature, if changing Registered Agent:

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
MGRM	RENNARD SUGDEO	6848 NW 26TH STREET	■Add
		MARGATE, FL 33063	□Remove
			□Change
			□Add
			□Remove
		-	□ Change
			□Add
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