L22000326415

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

TO:

Tallahassee, FL 32314

	gistration Se vision of Cor			
SUBJECT:		EE QUICK SHIPPING, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please returi	n all correspo	ondence concerning this matter	to the following:	
		RICARDO MUNIZ		
			Name of Person	
		RICARDO MUNIZ		
			Firm/Company	
		830 E. VINES STREET S	UITE C	
			Address	
		KISSIMMEE, FLORIDA	34744	
		RMUNIZ6724@AOL.CON	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	tification)
For further i	nformation c	oncerning this matter, please ca	ill:	
RICARDO	MUNIZ		407 847-4800	
	Name o	f Person	at () Area Code Daytii	me Telephone Number
Enclosed is:	a check for th	ne following amount:		
□ \$25.00 l	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)
	niling Addres		Street Address:	
	gistration S vision of C	Section Corporations	Registration Se Division of Co	
	D. Box 632		The Centre of	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KISSIMMEE QUICK SHIPPING, 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 07/23/2022 _____ and assigned Florida document number L22000326415 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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

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.

City

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
AMBR	ROBINSON DE JESUS RODRIGUEZ	241 GROUPER CT. POINCIANA, FLOIRDA 34759) ≡ Add
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			□Change
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ffective date, if other than the date an effective date is listed, the date must be Note: If the date inserted in this block ocument's effective date on the Depart	does not meet the applic	rable statutory filing req	(optional) nan 90 days after filing.) Pursua puirements, this date will no	nt to 605.020 t be listed a
record specifies a delayed effective da	ate, but not an effective t	ime, at 12:01 a.m. on th	ne earlier of: (b) The 90th o	day after the
l is filed.				
t is filed.	2022	·		
d is filed. NOVEMBER 28, Dated	nature of a member or auth		member	

Filing Fee: \$25.00