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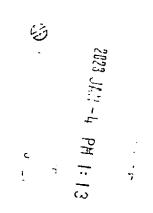
(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	)
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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2023 JAN-L PM 1: 35
SECKEDA STATE
TALLAHASSEE, FL



0/14/2023

## **COVER LETTER**

TO: Registration Se Division of Cor				
Refrigerd F	Parcel Services			
30bJEC1	Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Cecil G. Williams, Jr.			
		Name of Person		
	Refrigerated Parcel Serv	ices, LLC		
		Firm/Company	<del></del>	
	9454 Evesham Rd.			
		Address		
	Jacksonville, Florida 322	08		
		City/State and Zip Code		
	Cecilgir@hotmail.com  E-mail address: (1)	to be used for future annual report notific	cation)	
For further information c	oncerning this matter, please ca			
Cecil G. Williams, Jr.		904 910-6284		
	f Person	at ( )	Telephone Number	
Enclosed is a check for the	he 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		Street Address: Registration Sec	tion	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

FILED

2023 JAN -4 PM 1:35

Refrigerd Parcel Services, 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 07/28/2022 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Refrigerated Parcel Services, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: 9454 Evesham Rd (Principal office address MUST BE A STREET ADDRESS) Jacksonville, Florida 32208 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.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
CEO	Cecil G. Williams, Jr.	9454 Evesham Rd.	
		Jacksonville, Florida 32208	□Remove
			□ Change
AMBR Cecil G. Williams, Sr.	Cecil G. Williams, Sr.	8015 Tarling Ave.	
		Jacksonville, Florida 32219	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Remove
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Note:	ive date, if other than the date of filing:
e recor rd is fi	d 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 led.
Dated	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a mengori

Filing Fee: \$25.00