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TO:

Registration Section

Tallahassec, FL 32314

Division of Corporations Come Thru Deliveries LLC SUBJECT: 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: Taryn Clinton Name of Person Come Thru Deliveries LLC Firm/Company 9063 Galloway Drive Address Jacksonville, FL 32219 City/State and Zip Code wearefamily4@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Taryn Clinton Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee **■** \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: **Registration Section Registration Section** Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Come Thru Deliveries LLC					
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our ed Liability Company)	records.)	_		
The Articles of Organization for this Limited Liability Compar	ny were filed on	an	d assigned		
Florida document number L23000034773					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	ability company here:				
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation	1 "LLC" or the abbreviation	on "L.L.C."		
Enter new principal offices address, if applicable:		y * 1°			
(Principal office address MUST BE A STREET ADDRESS)		į	- -		
		- A	<u> !</u>		
) ;		
Enter new mailing address, if applicable:		7			
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>			
		F1 -			
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records,	enter the name of the	e new regi		
Name of New Registered Agent:					
New Registered Office Address:					
The registered Office Madress.	Enter Florida street address				
		, Florida			
	City	Zip (?ode		

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 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>	Name	Address	Type of Action
MGR	Taryn Clinton	9063 Galloway Drive	= Add
		Jacksonville, FL 32219	Remove
			Change
			□Add
			□ Remove
			☐ Change
			∐Remove
			□Add
			Remove
			Change
			□ Add
			□ Remove
			□Change
		 	□Add
			□Remove
			Change

	N/A
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ffect	ive date, if other than the date of filing:
an ef	fective 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 (
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as then the date on the Department of State's records.
reco	rd 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
is f	
	July 27,2023
ated	\cdot \cdot \cdot \cdot \cdot
ated	
ated	Signature of a member or authorized representative of a member

Typed or printed name of signee