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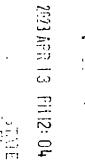
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Fancy Van Courier Service LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Christina Schon Name of Person Fancy Van Courier Service LLC Firm-Company 457 18th St SE Address Winterl-Coven FL 33884 City/State and Zip Code Christina Schon 0713 Qamail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
$\frac{\text{Clys+1/10 Schon}}{\text{Name of Person}} = \frac{352}{\text{Area Code}} = \frac{449-5548}{\text{Daytime Telephone Number}}$
Enclosed is a check for the following amount: \$\sum{\text{S25.00}}{\text{Filing Fee}} \sum{\text{G30.00}}{\text{Filing Fee}} \sum{\text{G}}{\text{S25.00}} \text{Filing Fee} \sum{\text{G}}{\text{Certificate of Status}} \sum{\text{Certificate of Status}} \t

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

rancy Van Cour	ier Jervice L	-(("		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on ou Limited Liability Company)	r records.)		
The Articles of Organization for this Limited Liability C Florida document number 223000429	ompany were filed on <u>1193</u> U65	125	_ and ass	iigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company here:			
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designati	on "LLC" or the abbre	viation "L.	.L.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDR	<u> </u>			
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		·	دب چخ ا	A
Enter new mailing address, if applicable:			ز:	,-
(Mailing address MAY BE A POST OFFICE BOX)			ω	
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		<u> </u>	7: (
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records	, enter the name o	f t ke nev	w registered
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida stre	et address		
	Line i producija			
	City	, Florida	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.

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
CEL	Sarry A Mocre Jr	457 18th St SE	□Add
	·	Winter Haven FL 3388	Remove
			□Change
			□Add
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ective date, if other than the date of filing:	ptional)		
effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a e: If the date inserted in this block does not meet the applicable statutory filing requirements.	ifter filing.) P	ursuant to	605.026 listed :
ument's effective date on the Department of State's records.	this three w	iii iiix i-c	
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of cfiled.	: (b) The 9	90th day a	fter th
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3 1 2 4		73 75 20	· ·-
10 April 3, 2025.			
ed April 3, 2025.		ധ	
Signature of a member or authorized representative of a member		3 211 2: 01	