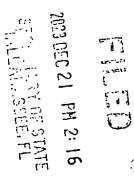


(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





12/31/23--01030--009 **30.00



COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: <u>De</u> l	Name of Lin	ifed Liability Company	· · · · · · · · · · · · · · · · · · ·	
	Amendment and fee(s) are sub			
	<u>Veron</u> <u>Delive</u>	ica Santos Name of Person er I + Right, L	<u>LC</u>	
	15012 D	urbin Cole Wa	(4	
	Veto mol	City/State and Zip Code YO Santos Q, 9 WY to be used for future annual report notific	1 6000	e-ering !
For further information converges of the value of the val	oncerning this matter, please c Pa San HoS (Person	ar (904) 315	Telephone Number FEE FATT	TO
Enclosed is a check for th	ne following amount:		1,,,	<u>.</u>
□ \$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)	
Mailino Addres	« ·	Street Address:		

Mailing Address:
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

Deliver I	+ Right LC	
(Name of the Limited Lial (A Flo	bility Company ak it now appears on rida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number <u>L230060.52</u>		and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I Enter new principal offices address, if applicable: Principal office address MUST BE A STREET AD	-	nation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		0 2 0 23
3. If amending the registered agent and/or registe agent and/or the new registered office address here		rds, enter the name of the new registered
Name of New Registered Agent:		FATE
New Registered Office Address:	Enter Florida s	treet address
		Florida
	City	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 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
MGB	Federico J. Santos	15012 Dulbin Cole Ub	↑ C X \\\dd
		15012 Dulbin Cole Ub. Jackson V. lley FL 3225	J <u>A</u> □Remove
			□Change
NGR	Veronica Santos	15012 Durbin Code Way	_ □Add
		Jacksonville, FL 32059	Kemove
			□Change
		□Add	
		1.7.	□Remove
			Change DEC 27 Add
			P\dd F
		0.5 (117) 	PH Bemove
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			□Change

		
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<u>lote:</u> If th	date, if other than the date of filing: 12/19/203	uant to 605,020
record sp I is tiled.	ecities a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th	h day after the
ated	December 19 . 2023.	
	Signature of a member of authorized representative of a member	
	Signature of a member of authorized representative of a member	