## L23000057007

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filling Officer:
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## **COVER LETTER**

March Wall

Tallahassee, FL 32314

TO: Registration Section Division of Corporations
SUBJECT: Shopper City Delivery Transport UC Name of Limited Liabilly Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shoppercity Delivery Transport LC
Priny Company
3441 NW 34th Street
Shopper City Ohotmail. Com Enthal address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Waitson Ambroisa at 305 305-0187  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
'S25.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

The Articles of Organization for this Limited Liability Company were filed on January 31, 30,33 and assigned Florida document number L230000 57007 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 des	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	SE SE
	CASE T
	%:
Proceedings of Procedure	SEATO I
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>

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:

WSS+ Palm Boach, Florida 3345

## 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>	Name	Address	Type of Action
MGR	Fraderichia Milsy	6204 Forest Hill Blud	⊵\dd
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			□Remove
			□Change
			□Add
			□Remove
			□Change
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. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe	ve date, if other than the date of filing:
he record ord is fil	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 ed.
Dated	$\mathcal{A}$
	Signature of a member or authorized representative of a member
	Watson Ambroise Typed or printed name of signee

Filing Fee: \$25.00