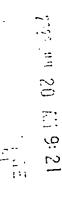
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(Requestor's Name)
(A d d a a a )
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer





07/20/23--01010--001 \*\*25.00



## COVER LETTER 3

Division of Corporations	•
SUBJECT: <u>Certified</u> Co	urier Service LLC
Name of Emilieu	Барику <del>Сопрану</del>
The enclosed Articles of Amendment and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to the	he following:
Michae	Pollar d Name of Person
Certified	Courier Service
_11322 M	iramar Pkwy #1378
Miramar	Fl, 33025
E-mail address: (to be	FI 33025  ity/State and/Zip Code  GMTFI 6 amail. Com  c used for future annual report notification)
For further information concerning this matter, please call:	
Micheal Pallard Name of Person	at (954) 842-05 <b>99</b> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address:  Registration Section
Division of Corporations	Division of Corporations
Registration Section	Registration Section

Tallahassee, FL 32314

315.75 PM

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L2300019682.3</u>	y were filed on $04/20/2023$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "I\(\subset\).C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u>_</u>
	7:: 2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11322 Miramar PKWY#1378 Miramar, Fl, 33025
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: Vaph	ett Davis
New Registered Office Address: 79	Enter Floridu street address
Mira	May, Florida 33023
New Registered Agent's Signature if changing Registered Agent	•

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

Title	<u>Name</u>	Address	Type of Action
MGR	Micheal Pollard	2164 SW 101 \$+ Way	_ l <b>∀</b> Add
		2164 SW 101 \$ Way Miramar, F13302	_ □Remove
			Change
			□Add
			□Remove
			Change
		_	🗆 Add
			□Remove
		<u></u>	Remove
			□Change
			□Add
			□Remove
			Change
			DAdd
			□Remove
			□Change

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Filing Fee: \$25.00