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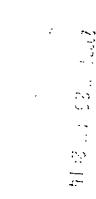
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COVER LETTER

	Registration Se Division of Cor			
CHRIEC		ivery Partners LLC		
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
			Leon Grant	
			Name of Person	
			Global Delivery Partners LLC	
			Firm/Company	
		1	931 Cordova Rd #1172	
			Address	
		1	Fort Lauderdale, Florida 33316	
			City/State and Zip Code	
			edeliveryguys@gdpcouriers.com	
For furth	er information c	E-mail address: (concerning this matter, please c	to be used for future annual report notif	fication)
TO ILLIAN		•	ш.	•
Leon Grant		Grant	754 755-6227 at ()	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	Name o	of Person	Area Code Daytim	c Telephone Number
Enclosed	is a check for the	he following amount:		•
≣ \$25,0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
_	Mailing Addres		Street Address:	
	Registration S Division of C		Registration Sec Division of Cor	
1	P.O. Box 632	27	The Centre of T	•
•	Tallahassee, 1	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Global Delivery Partn		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL23000207326	were filed on04/26/2023	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
The new name must be distinguishable and contain the words "Limited Linbil	ity Company," the designation "L.L.C" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	1931 Cordova Rd #1172	_ ·
(Mailing address MAY BE A POST OFFICE BOX)	Fort Lauderdale, Florida 33316	
		رن
		,
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the nam</u>	e of the new regis
agent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Cuy	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
			□Add
			
			Change
			□Add
			Remove
			□Change
			DAdd
			- Remove
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ument's effective dat	e on the Departmen	of State's records.			
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