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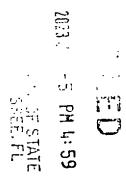
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COVER LETTER

TO: Registration Section Division of Corporations	4 · · · · · · · · · · · · · · · · · · ·
SUBJECT: B. E.S. Courier V Name of Limit	Delivery Services, LLC led Liability Company
The enclosed Articles of Amendment and fee(s) are subn	nitted for filing.
Please return all correspondence concerning this matter to	o the following:
Kenia -	Name of Person
	Provide the second seco
2415 Day	Firm/Company Niel Ave North Address
Lehigh Ac le 138750 E-mail address: (10	City/State and Zip Code City/State and Zip Co
For further information concerning this matter, please cal	•
Kenia I. Shelton Name of Person	at (239) 822-6772 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee	□ \$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 Division of Corporations	Street Address: Registration Section Division of Cornorations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B. E. S. Courier Deli	Very Senic	es LLC.	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L23000 2254 49</u>	ability Company)	12072	ind assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability. The new name must be distinguishable and contain the words "Limited Liability."		ion "LLC" or the abbrevial	tion "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	282
(Principal office address MUST BE A STREET ADDRESS)		·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ARY OF STAT	-5 PH 4: 59
B. If amending the registered agent and/or registered office adapta and/or the new registered office address here:	ldress on our record	s, enter the name of the	he new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stre	out addrage	
	imer i torad sire	er adaress	
	City	, Florida Zin	Code
New Registered Agent's Signature, if changing Registered Agent:	erw.	, <u>/</u> /	- · · · ·
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	erformance of my di	ities, and I am famili	ar with and

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>	Name	Address	Type of Action
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			ПRетоve
			Change
			□∧dd
			□Remove
			STATE Bemove
			□Change
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			Remove
		·	☐Change
			□Remove
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			□ Change

						
						
						
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an effective date is listed, ote: If the date inserte	, the date must be specifi-	c and cannot be pr		r more than 90 days a	ifter filing.) Pursua	
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	ved effective date, bu	t not an effective	time, at 12:01 a.r	n. on the earlier of	: (b) The 90th (day after the
record specifies a dela-						,
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is filed.	28	202	<u>S</u> .			
record specifies a delay it is filed.	DB Signature	\bigcirc	thorized representat	ive of a member		

Filing Fee: \$25.00