Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000195986 3)))



H250001959863ABCC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

т	_	٠
	v	٠

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : DIPHORA LLC Account Number : I20220000014 Phone : (786)280-3205 Fax Number : (561)300-0428

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SONSHINE DELIVERY LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

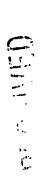
Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JUN - 4 2025



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

(((H25000195986 3)))

SONSHINE DELIVERY LLC

	TO
ARTICLES	OF ORGANIZATION
	OF St. 1
SONSHINE DELIVERY LLC	
(Name of the Limited Liability	Company as it now appears on our records (Limited Liability Company)
(. () Tornui	The second secon
The Articles of Organization for this Limited Liability Co	OF ORGANIZATION OF Company as it now appears on our records. Limited Liability Company) ompany were filed on 05/09/2023 and assigned 7.
Florida document number 1.23000229009	
	_
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
DELIVERETE LLC	
The new name must be distinguishable and contain the words "familiaring and contain the words are contained and contain the words and contain the words are contained and containe	ted Liability Company," the designation "LLC" or the abbreviation "LLC"
Parameter deal establishment and	N/A
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR.	ESS)
	
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	
	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: N/A	
New Registered Office Address:	
Non-regarded vallet, realess,	Enter Florida street addi ess
	, Florida
	City Triffida

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.

(((H25000195986 3)))
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>	<u>Address</u>	Type of Action
N/A			[]Add
			□Remove
			[]Change
			- Franklik
			Milkimov Co.
			Change Adding Adding
		<u> </u>	==: ∐Add
			□Remove
			Change
			Remove
			□Change
			Add
			□Remove
			☐ ☐ Change
			∐Add
			□Remove
			L Million .

(((11250001959863)))

N/A —————————		
		200

		SAC .
	 	
ve date, if other than the	date of filing:	(optional)
ective date is listed, the date mu If the date inserted in this b	st be specific and cannot be prior to date of filing or lock does not meet the applicable statutory filing	more than 90 days after filing.) Pursuant to 605.02 ing requirements, this date will not be listed a
	Department of State's records	
d specifies a delayed effectived.	e date, but not an effective time, at 12:01 a.m	on the earlier of: (b) The 90th day after the
MAY 30TH	2025	
1.54	··	
Marie (a. 2015) No. 2, 2275 (2.47)	Signature of a member or authorized representative	