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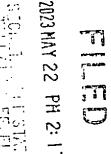
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: JC (OUSIER ENIVO Name of Lim	DS E ENTREGAS I	_ L C		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	JOHNNY MAN	UEL SANCHEZ AM Name of Person	ES		
	JC GOURIER A	Firm/Company Address ACH FL 33442 City/State and Zip Code	as LLC so	2023 MA	
	324 NEWPORT	Address	1277 14. 14. Ti	722 PH	
	DEERFIELD BEA	ACH 1FL 33442 City/State and Zip Code	- FS	1 2: 17	
		OTMAIL . COM to be used for future annual report notif			
For further information co	oncerning this matter, please c				
JOHAWY SANCHEZ at (954) 696-8024 Name of Person Area Code Daytime Telephone Number					
Enclosed is a check for th	ne following amount:				
\$\$25.00 Filing Fee ■ Comparison of the compa	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 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 Sec			
Division of Corporations P.O. Box 6327		Division of Cor The Centre of T	•		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

m	pany as it now appears on of Liability Company)			
The Articles of Organization for this Limited Liability Compar	y were filed on <u>O2 11</u>	and assigned		
lorida document number <u>L 23000 23Kt.o.B</u>				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:			
TC COUNER ENVIOS E ENTREGAS The new name must be distinguishable and contain the words "Limited Lia	レスし bility Company," the designs	ation "LLC" or the abbreviation "L.L.C."		
		7.50 7.50 7.50 7.50 7.50		
Enter new principal offices address, if applicable:	W/A			
(Principal office address MUST BE A STREET ADDRESS)		N 1		
		2		
		PH 2		
Enter new mailing address, if applicable:	NIA	2 2 N		
Mailing address MAY BE A POST OFFICE BOX)		7		
2017	· · · · · · · · · · · · · · · · · · ·			
B. If amending the registered agent and/or registered office	e address on our record	ds, enter the name of the new regist		
agent and/or the new registered office address here:		/ 		
• Name of New Registered Agent: λ/A				
New Registered Office Address: N/A				
	Enter Florida street address , Florida City Zip Code			
New Registered Office Address.				
New Registered Office Address.		, Florida		

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
			Remove
			Change
			□Add
		S 2023	Remove
		💫	☐ Remove
		PH 2: I	Ď\Ādd
			Change
	<u></u>		□Add
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