L2300032862C

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

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COVER LETTER

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TO: Registration Division of C			
	Florida, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub-	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Simon Dursunian		
		Name of Person	
	InstaPuff, Inc.		
		Firm/Company	
	230 South Ocean Drive #7	718	
	· · · · · · · · · · · · · · · · · · ·	Address	
	Hallandale Beach, Florida	33009	
		City/State and Zip Code	
	Simondursunian@gmail.co		16
For further information	concerning this matter, please c	to be used for future annual report not all:	meation)
Simon Dursunian		914 439 8923 at ()	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	S30.00 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ction
Division of	Corporations	Division of Cor	rporations
P.O. Box 63 Tallahassee,		The Centre of T 2415 N. Monro	Fallahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Instapuft Florida, LLC		
(Name of the Limited Liability Comps (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on July 12, 2023	and assigned
Florida document number L23000328620		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
Cloud Delivery App Florida, LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office	address on our records, enter the	name of the new register
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	_
	, Florid	a
	City	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 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
			□Remove
			□Change
			□Add
			Remove
			Change
			□ Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove

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ffective date, if other than the an effective date is listed, the date must lote: If the date inserted in this blo ocument's effective date on the De	t be specific and cannot be prio ock does not meet the appli	cable statutory filing t	(optional) than 90 days after filing.) Pursua requirements, this date will no	ant to 605.0207 ot be listed as
record specifies a delayed effective is filed.			the earlier of: (b) The 90th	day after the
ated November 10	2023	·		
	Simon T	Pursunian		
-	Signature of a member or auth	orized representative of	a member	
,		•		

Filing Fee: \$25.00