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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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01:D 11:00				
SUBJECT	:	Name of Lim	ited Liability Company	
The enclose	ed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		DAYEANS HERNANDEZ	Z	•
			Name of Person	
			Firm/Company	
		333 W 14TH ST		
		Name of Limited Liability Company Price of Amendment and fee(s) are submitted for filling. DAYEANS HERNANDEZ DAYEANS HERNANDEZ		
			City/State and Zip Code	··
		DAYEANSHERNANDEZ(
		E-mail address: (to be used for future annual repo	rt notification)
For further	information co	oncerning this matter, please co	all:	
DAYEAN	S HERNANDI	EZ	at (
	Name of	f Person	Area Code D	Paytime Telephone Number
Enclosed is	s a check for th	ne following amount:		
■ \$25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	ailing Addres			
	-		e e	
	O. Box 632	•		
			2415 N. M	onroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C Y D RAPIDO MULTISERVICE LLC		
(Name of the Limited Liability Company as it now appears on our re (A Florida Limited Liability Company)	rcords.)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{9/11/2023}{\text{Elorida document number}}$.	-	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:		
C Y D RAPIDO ENVIOS LLC		
The new name must be distinguishable and contain the words "Limited Liability Company," the designation	"LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	1000	. 023
Enter new mailing address, if applicable:	AHASS	SEP 18
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Mailing address MAY BE A POST OFFICE BOX)		-=
	<u>.</u>	50
B. If amending the registered agent and/or registered office address on our records, <u>enagent and/or the new registered office address here</u> :	nter the name o	of the new regist
Name of New Registered Agent:	<u></u>	
New Registered Office Address: Enter Florida street a	ddress	
Date Taylan arecine		
City	_, Florida	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
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Fective date, if other that an effective date is listed, the date is lested in the date. If the date inserted in the ocument's effective date on	his block does no	ling: and cannot be prior of meet the applic	able statutory filin	(opt fore than 90 days afte g requirements, th	ional) er filing.) Pursi is date will r	uant to 605.0 not be listed	(20) La:
record specifies a delayed ef is filed.					b) The 90th	ı day after t	.hc
CONTRACTOR AT A STATE OF A STATE		2023					
SEPTEMBER 14		; 	 •				
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