## L23000504 964

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## COVER LETTER

	gistration Sec vision of Corp						
aum trevr.	MIAMI DELIVERY SERVICE LLC						
SUBJECT:	Name of Limited Liability Company						
The enclosed	d Articles of A	mendment and fee(s) are sub-	mitted for filing.				
Please return	ı all correspon	dence concerning this matter	to the following:				
		Ariel Carballo					
			Name of Person				
		MIAMI DELIVERY SERV	VICE LLC				
			Firm/Company				
		680 SE 4TH ST					
			Address				
		HIALEAH, FL 33010					
			City/State and Zip Code				
		carballoariel@live.com					
		E-mail address: ()	to be used for future annual report noti	fication)			
For further i	nformation co	ncerning this matter, please ca	all:				
Ariel Carba	llo		786 229-0490				
	Name of	Person	at () Area Code Daytim	e Telephone Number			
Enclosed is	a check for the	e following amount:					
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIAMI DELIVERY SERVICE LLC		
(Name of the Limited (A	Liability Company as it now appears on our Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liab Florida document number 1.23000504964	odity Company were filed on 11/01/202:	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation	in "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET.	ADDRESS)	
	<del>_</del>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address		enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t uddress
		, Florida
	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
MGR	Ariel Carballo	680 SE 4 st Hialeah FL 33010	<b>=</b> Add
			Remove
			□Change
MGR	Kenia Quintana	680 se 4 st Hialeah FL 33010	
			=Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
		<u></u>	□Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□Remove

	, ————————————————————————————————————
	<u>.                                    </u>
F100	
(If an el Note:	ive date, if other than the date of filing:
the reco	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	11/24/2023
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00