

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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COVER LETTER

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TO:	Registration Sec Division of Corp				
	Excel Delive	eries, LLC			
SUB.	лест:		nited Liability Company		
		(Adim of Ear	mico Diabini, Company	ļ	
				,	
The o	enclosed Articles of A	Amendment and fee(s) are sul	omitted for filing.		
Pleas	e return all correspoi	ndence concerning this matter	to the following:		
		Robin Phillips		į į	
			Name of Person		
		Excel Deliveries			
		Excel Deriveries	Y-12 (6)		
			Firm/Company		
-		157 SW Spearmint Ct.		,	
			Address	i	
		Fort White, Florida 32038	₹	-	
			City/State and Zip Code	<u>i</u>	
		robinhigh5@gmail.com	Chy/State and 2th Code		
			(to be used for future annual report noti	ication)	
For I	further information co	oncerning this matter, please	call:		
- Rob	in Phillips		·352 281-5743		
	Name o	f Person	Area Code Daytim	: Telephone Number	
				'	
Encl	osed is a check for th	ne following amount:		1	
	\$25.00 Filing Fee	□ \$30.00 Filing Fee &		\$60.00 Filing Fee,	
- 7	323.00 rning rec	Certificate of Status	Certified Copy ~	Certificate of Status	&
			(additional copy is enclosed)	Certified Copy (additional copy is enclose	ed)
		^			
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	Mailing Addres	3 :	Street Address:		
	Registration S	Section	Registration Sec	I E	
	Division of C		Division of Cor		
	P.O. Box 632		The Centre of T	į.	
	Tallahassee, l	LL 32314	Tallahassee, FL	e Street, Suite 810 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Excel Deliveries, LLC			
(Name of the Lin	nited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		
	Liability Company were filed on 02/16/2024 and assigned		
his amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	of the limited liability company here:		
he new name must be distinguishable and contain the	e words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if appl	licable:		
Principal office address MUST BE A STRE			
Enter new mailing address, if applicable:	A PARA PARA PARA PARA PARA PARA PARA PA		
	(AC) (AC) (AC) (AC) (AC) (AC) (AC) (AC)		
Mailing address MAY BE A POST OFFIC			
B. If amending the registered agent and/or	r registered office address on our records, <u>enter the name of the new regis</u> ress here:		
Name of New Registered Agent:	Robin Phillips		
New Registered Office Address:	iress: 157 SW Spearmint CT Enter Florida street address		
	•		
	Fort White , Flortda 32038		

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

AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Robin Phillips	157 SW Spearminnt CT	≅ Add
		Fort White, Fl 32038	□Remove
			☐ Change
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ffecti	ve date, if other the	han the	ate of filing: (optional) e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60	5.020
Note:	If the date inserted i	in this bl	k does not meet the applicable statutory filing requirements, this date will not be in	sted a
docum	ent's effective date-	on the D	artment of State's records	
e record rd is fil		effectiv	late, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft	er the
	03/15/2024	1	. 70	
Dated		//		
	لوساست بدار	N St.	The state of the s	
		معجرين	gnature of a member or authorized representative of a member	
			Omeror of a manner of an anti-	
	Robin Phillips			
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Filing Fee: \$25.00