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COVER LETTER

Tallahassee, FL 32314

	Registration Se Division of Cor				
CHD IV		EST DELIVERIES LLC			
SUBJEC	-1; <u></u>	Name of Limi	ted Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please re	turn all correspo	ondence concerning this matter (to the following:		
		Brooke Typer			
			Name of Person		
		Entrepreneur Success, Inc.			
			Firm/Company		
		4144 Ridge Road Unit 6			
			Address		
		Stevensville, MI 49127			
			City/State and Zip Code		
		brooke@entsuccess.com	o be used for future annua	Variation and Com	urio - V
For furth	er information c	oncerning this matter, please ca		report nounce	enon;
Joany Ho	errera Leon			70-3906	
Name of Person			at () Area Code	Daytime T	elephone Number
Enclosed	l is a check for th	ne following amount:			
□ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee Certified Copy (additional copy is en		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street A		on.
Registration Section Division of Corporations P.O. Box 6327				ration Secti on of Corpo	
			The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTHWEST DELIVERIES LLG		
(Name of the Limited Linb)	lity Company as it now appears on our r da Limited Liability Company)	ecgras,)
The Articles of Organization for this Limited Liability	Company were filed on	and assigned
Florida document number L24000200422		DZY SE
		<u> </u>
This amendment is submitted to amend the following:		前
A. If amending name, enter the new name of the lin	nited liability company here:	55 55
<u> </u>		ोश्चेत्रकी स्थान स्थान
The new name must be distinguishable and contain the words "L	imited Linbility Company," the designation	"LLC" or the abbreviation "LLIC."
٠,٠		10 de
Enter new principal offices address, if applicable:		විටි ර
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:	'	
(Mailing address MAY BE A POST OFFICE BOX)	·	
•	-:	
B. If amending the registered agent and/or registe	red office address on our records,	enter the name of the new registered
agent and/or the new registered office address here	ૄ:	
		The second secon
Name of New Registered Agent: Jos	ny Herrera Leon	Cash of a section of
	i7 Aldridge Ave	And the second of the second o
New Registered Office Address:	Enser Florida street	address or services and services
And the second s	Myers and a control of the control o	Florids 33907-4142
	City and A was a second	Zip Code
The second of th		
New Reststered Agent's Signature, if changing Regist		
Il hereby/accept the appointment as registered age provisions of all statutes relative to the proper an	intianajagreejtolacijintintsicapacii	y, typixtier agree tox comply with the
provisions of all statutes relative to the proper and	lagentasprovided for in Chapter	605 IF S. Or Withis document is re-
accept the obligations of my position as registered being filed to merely reflect a change in the regist	and office of the contraction of	rm)thai(the/limited/liability)
company has been notified in writing of this chair	<u>ge</u> ,	
A STATE OF THE PROPERTY OF THE		
Control of the second		
And the second of the second o	of Changing Registered Agent, Sign	stare of New Registered Agent
The first of the second of the second of the		· 一方子 · 一方子 · 大方子

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	Joansed Sedano Martinez	2267 Aldridge Ave	□Add
		FT. Myers, FL 33907	■Remove
			□Change
AMBR	Joany Herrera Leon	2267 Aldridge Ave	= Add
		Fort Myers, FL 33907-4142	□Rетоve
			□Add
			□Remove
			Change
			□ Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

amending any other informa	ron enter enangel	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , ,	, <i>1</i> , 12, 12, 13, 14, 14, 14, 14, 14, 14, 14, 14, 14, 14	
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Tective date, if other than the in effective date is listed, the date musuate: If the date inserted in this blocument's effective date on the Decument	t be specific and cannot book does not meet the	applicable statutor	ig or more than 90 day	(optional) ys after filing.) Purs its, this date will r	uant to 605.02 not be listed a
ecord specifies a delayed effectiv is filed.	e date, but not an effe	ctive time, at 12:01	a.m. on the earlier	of: (b) The 90th	n day after th
June 10th	, 2024				
	_5	m			
	Signature of a member	or authorized represe	ntative of a member		

Filing Fee: \$25.00