L24000317243

(Requestor's Name)
(Address)
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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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08/07/24--01035--014 **50.00

08/07/24

COVER LETTER

TO:	Registration Sec Division of Corp				
empn		COURIER LLC			
SUBJI	EC1:	Name of Lin	nited Liability Company		
The en	closed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspor	ndence concerning this matter	to the following:		
		ANTHONY STEWART			
			Name of Person		
		A&A MED COURIER LL	.c		
		6106 BLACK FILLY LN			
		-	Address		
		JACKSONVILLE FL, 32	234		
		City/State and Zip Code			
		AMPP2576@GMAIL.CON	1 to be used for future annual report notifi	cation	
For fur	ther information co	oncerning this matter, please c	•		
ANTH	ONY STEWART		904 4723193		
Name of Person			at () Area Code Daytime	Telephone Number	
Enclose	ed is a check for the	e following amount:			
□ \$2.	5.00 Filing Fee	☐ \$30.00 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)	

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A&A MED COURIER LLC		
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 7-17-2024 and assigned	
Florida document number L24000317243		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
A PLUS SWIFTY DELIVERY LLC		
The 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:	6106 BLACK FILLY LN	
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE FL, 32234	
Enter new mailing address, if applicable:	6106 BLACK FILLY LN	
(Mailing address MAY BE A POST OFFICE BOX)	JACKSONVILLE FL, 32234	
B. If amending the registered agent and/or registered office a	address on our records, enter the name of the new regist	
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
 	Enter Florida street address	
	, 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	ANTHONY STEWART	6106 BLACK FILLY LN	= Add
			□Remove
			Change
			□ Add
			□Remove
			□Change
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E. Effective date, if other than the	e date of filing:	·	(optional)	5 0303 (1V)
(If an effective date is listed, the date m Note: If the date inserted in this l document's effective date on the	block does not meet the app	licable statutory filing req	nifements, this date will not be lis	ted as the
the record specifies a delayed effect ecord is filed.	ive date, but not an effective	e time, at 12:01 a.m. on the	e carlier of: (b) The 90th day afte	er the
JULY 30 Dated	2024			
			,	
	//			

Typed or printed name of signee