# L24000399863

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SEGNETATION OF STATE



### **COVER LETTER**

Division of Corpo	orations		
SUBJECT: RCK	Name of Limit	Add Liability Company	N
The enclosed Articles of Ar	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	•	d Destine Name of Person	
	RCKYS	Delivery L	Lc.
	4643	Clemens St	
	Lakel	Jorth FL 3 City/State and Zip Code	3463
	Vtlestine 1 E-mail address: (10	o be used for future annual report nowicat	ion)
For further information con	cerning this matter, please ca	II:	
Raynold Name of P	Destine.	at ( <u>561</u> ) <u>853</u> Area Code Daytime Te	14827 dephone Number
Enclosed is a check for the	following amount:		
\$25.00 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 radditional copy is enclosed)

## Mailing Address:

TO:

Registration Section

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

RCKUS Deli	110 KU 1-1-C	FILED
(Name of the Limited Liability (A Florida L	Company as it now app arts (imited Liability Company)	Oper records.)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L 2 4 000 3 9</u>	mpany were filed on <u>TAG</u> 19863	PATASSEE, FL
This amendment is submitted to amend the following:	_	
A. If amending name, enter the new name of the limite  Rickys Jelivery L  The new name must be distinguishable and contain the words "Limite"		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	· · · · · · ·
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our rec	ords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	<u>-</u>	
	Enter Florida	i street address
	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
MGR	Raynold Destine	4643 Clemens St	ŒXdd
		4643 Clemens St Locke Worth FL 3341	63 □Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			🗀 Add
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an effect <b>fote:</b> If	e date, if other ive date is listed, the the date inserted t's effective date	he date must be s I in this block o	pecific and can loes not meet	not be prior to c the applicable	late of filing or meestatutory filing	ore than 90 days ag requirements.	ptional) after filing.) Pursua this date will not	nt to 605.0207 t be listed as t
record s		ed effective dat	e, but not an	offective time	, at 12:01 a.m. c	on the earlier of	f: (b) The 90th c	lay after the
	99-20-	-2024	<u> </u>		-			
ated <u>(</u>								
Dated <u>(</u>		Sign	ature of a mem	ber or authoriz	ed representative	of a member		

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