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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

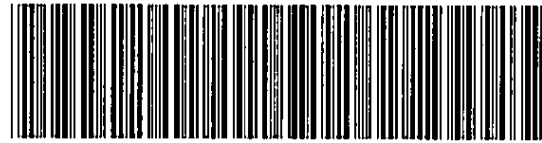
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Delora LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nora del Carmen Bonilla Gierbolini
Name of Person

Delora LLC
Firm/Company

12320 SW 10th St.
Address

Pembroke Pines, FL 33025
City/State and Zip Code

celbini@ecdelora.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nora del Carmen Bonilla Gierbolini at (305) 778-8040
Name of Person Area Code Daytime Telephone 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 (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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Debra LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on December 23rd 2020 and assigned Florida document number L210000003972.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered 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 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>	<u>Address</u>	<u>Type of Action</u>
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please make the following name corrections in two (2) of the Authorized Persons/Managers:

1- Manager's Name Correction:

Nora Nora del Carmen Bonilla Gierbolini should be **Nora del Carmen Bonilla Gierbolini**

First Name: Nora **Middle Name:** del Carmen **Last Name:** Bonilla Gierbolini

2- Manager's Name Correction:

Eduardo Suazo should be **Eduardo Burgos Suazo**

First Name: Eduardo **Last Name:** Burgos Suazo

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 69S-0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated March 15th, 2021

Signature of a member or authorized representative of a member

Nora del Carmen Bonilla Gierbolini

Typed or printed name of signer

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2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L21000003972

Entity Name: DELORA LLC**Current Principal Place of Business:**12320 SW 10TH ST.
PEMBROKE PINES, FL 33025**Current Mailing Address:**12320 SW 10TH ST.
PEMBROKE PINES, FL 33025 US**FEI Number:** 86-1449210**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BONILLA GIERBOLINI, NORA DEL CARMEN
12320 SW 10TH ST.
PEMBROKE PINES, FL 33025 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** NORA DEL CARMEN BONILLA GIERBOLINI

03/13/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER
Name	COLON, GABRIEL ALEJANDRO
Address	CONDOMINIO SEGOVIA APT 212 650 INGENIERO SERGIO CUEVAS BUSTAMANTE ST
City-State-Zip:	SAN JUAN PUERTO RICO 00918
Title	MANAGER
Name	BONILLA GIERBOLINI, NORA NORA DEL CARMEN
Address	12320 SW 10TH ST.
City-State-Zip	PEMBROKE PINES FL 33025

Title	MANAGER
Name	EDUARDO, SUAZO
Address	CONDOMINIO SEGOVIA APT 706 650 INGENIERO SERGIO CUEVAS BUSTAMANTE ST
City-State-Zip:	SAN JUAN PUERTO RICO 00918

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NORA DEL CARMEN BONILLA GIERBOLINI

MANAGER

03/13/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

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