## 121000467971

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

| TO: Registration Se<br>Division of Cor |  |   |  |
|--|--|---|--|
| DELGRAT                                |  |   |  |
| SUBJECT:                               |  | ited Liability Company  | <del></del>  |
| The enclosed Articles of               | Amendment and fee(s) are sub                 | mitted for filing.  |  |
| Please return all correspo             | ondence concerning this matter               | to the following:   |  |
|  | THOMAS BERNING                               |   |  |
|  |  | Name of Person  | filing.  Address  e and Zip Code  or future annual report notification)  864 704-2622  Area Code Daytime Telephone Number  00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certificate of S |
|  | DEI GRATIA LLC                               |   |  |
|  |  | Firm/Company  |  |
|  | 11174 REGAL LN                               |   |  |
|  |  | Address   | <del></del>  |
|  | LARGO, FLORIDA 3377                          | 4   |  |
|  |  | City/State and Zip Code   |  |
|  | TDBERNING@GMAIL.CO                           |   |  |
|  |  | ·   | ition)   |
| For further information of             | concerning this matter, please c             | all:  |  |
| THOMAS BERNING                         |  | 864 704-2622  |  |
| Name o                                 | of Person                                    | Area Code Daytime T   | elephone Number  |
| Enclosed is a check for t              | he following amount:                         |   |  |
| □ \$25.00 Filing Fee                   | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy   |
| Mailing Addre<br>Registration          |  |   | on   |
| Division of C                          |  | ~   |  |
| P.O. Box 631                           | 27   |   |  |
| Tallahassee,                           | FL 32314                                     | 2415 N. Monroe S  | Street, Suite 810  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2025 JUL-7 AM 9:46

| Del Gratia UC  |  | 46   |
|--|--|--|
| ( <u>Name of the Limited Liabi</u><br>(A Floric                | lity Company as it now appears on our recorda Limited Liability Company) | de) The Assessment of the Asse |
| The Articles of Organization for this Limited Liability        | Company were filed on 10-27-2021   | and assigned   |
| Florida document number L21000467971                           | ·  |  |
| This amendment is submitted to amend the following:            |  |  |
| A. If amending name, enter the new name of the lin             | nited liability company here:  |  |
| American Gulf Enterprises LLC                                  |  |  |
| The new name must be distinguishable and contain the words "Lu | mited Liability Company," the designation "LLG                           | C" or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:            |  |  |
| (Principal office address MUST BE A STREET ADD                 | ORESS)   | <del></del>  |
|  |  |  |
|  |  |  |
| Enter new mailing address, if applicable:                      |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)                     |  |  |
|  |  |  |
|  |  |  |
| B. If amending the registered agent and/or register            |  | r 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 addre   | ·555   |
| <u></u>  |  | lorida   |
|  | 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> | <u>Address</u> | Type of Action |
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| an effe<br>lote:  | date, if other than the date of filing:   | 207<br>as |
| record<br>is file | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t | he        |
| ated _            | ··  |           |
|                   | Signature of a member or authorized representative of a member  |           |
|                   |   |           |
|                   | Thomas Berning  |           |

Filing Fee: \$25.00