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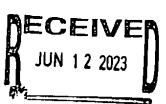
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
JUN 1 2 2023

Office Use Only

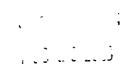


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(UZ) 12 PT 1:23



COVER LETTER

TO:

Registration Section

Division of Corporations				
	NAY-DELIS LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	DUMORNAY, STANLEY	·		
		Name of Person		
	DUMORNAY-DELIS LLO	С		
		Firm/Company		
	15315 SOUTH DIXIE HW	VY SUITE 5044		
		Address		
	MIAMI, FL 33157			
	•	City/State and Zip Code		
	getsemanyinc@hotmail.con			
		to be used for future annual report not	lification)	
For further information	concerning this matter, please ca	all:		
DUMORNAY, STANL	.EY	786 487-8552		
Name	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for	the following amount:			
■ S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre Registration Division of 6 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Tallahassee oe Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

y as it now appears on our records iability Company)	<u>r'</u>)	
were filed on $\frac{518}{}$	22 and assigned	
A. If amending name, enter the new name of the limited liability company here:		
ty Company," the designation "LLC"	or the abbreviation "L.L.C."	
	12	
ncipal offices address, if applicable: <u>ce address MUST BE A STREET ADDRESS)</u>		
	· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·	
ddress on our records, <u>enter (</u>	the name of the new registered	
Enter Florida street address		
	lity company here: ty Company," the designation "LLC"	

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.

City

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
AMBR	MARIE-DOMINIQUE DUMORNA	15315 SOUTH DIXIE HWY SUITE 5044 MIAMI	FL ≣∧dd
		33157	□Remove
			□Change
AMBR	FERLINE ETIENNE	151315 SOUTH DIXIE HWY SUITE 5044	🖹 Add
		MIAMI FL 33157	□Remove
			□Change
AMBR	GERALD ETIENNE	15315 SOUTH DIXIE HWY SUITE 5044	= Add
		MIAMI FL 33157	□Remove
			□Change
AMBR	DUMORNAY-DELIS FOOD MAN	15315 SOUTH DIXIE HWY SUITE 5044	= Add
		MIAMI FL 33157	□Remove
			□Change
MGR	LEONCE JEAN-BAPTISTE	15315 SOUTH DIXIE HWY SUITE 5044	□Add
		MIAMI FL 33157	□Remove
			= Change
AMBR	MIDELYN LOUIS 15.	15315 SOUTH DIXIE HWY SUITE 5044	= Add
		MIAMI FL 33157	□Remove
			□Change

PLEASE WE NEED TO CI	HANGE THE CORRECT NAME OF THE COMPANY IN THE FILING AREA IS	
TO SMALL FOR THE WI	HOLE NAME	_
DUMORNAY-DELISFOO	DD MANUFACTURING INC CHANGE TO AMBR = Authorized Member	_
STANLEY DUMORNAY	WILL BE THE PRINCIPAL MRG	_
THE NAME IS TO LONG	FOR THE SPACE PLEASE ALLOW THE CHANGES =	_
MARIE-DOMINIQUE DU	JMORNAY AMBR = Authorized Member	_
		-
		_
		- -
		7:
		<u>م</u> –
		_
 		_
	nust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 block does not meet the applicable statutory filing requirements, this date will not be I	
ecord specifies a delayed effecti is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day as	ter th
ited	. 2023	
	Signature of a member of authorized representative of a member	

Filing Fee: \$25.00