

L23000244630

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DUMORNAY-DELIS 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:

DUMORNAY, STANLEY
Name of Person

DUMORNAY-DELIS LLC
Firm/Company

15315 SOUTH DIXIE HWY SUITE 5044
Address

MIAMI, FL 33157
City/State and Zip Code

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

For further information concerning this matter, please call:

DUMORNAY, STANLEY 786 487-8552
Name of Person at () 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

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

DUMORNAY-DELIS 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 5/18/22 and assigned Florida document number L23000244630.

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>
AMBR	MARIE-DOMINIQUE DUMORNAY	15315 SOUTH DIXIE HWY SUITE 5044 MIAMI FL 33157	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	FERLINE ETIENNE	151315 SOUTH DIXIE HWY SUITE 5044 MIAMI FL 33157	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	GERALD ETIENNE	15315 SOUTH DIXIE HWY SUITE 5044 MIAMI FL 33157	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	DUMORNAY-DELIS FOOD MANAGER	15315 SOUTH DIXIE HWY SUITE 5044 MIAMI FL 33157	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	LEONCE JEAN-BAPTISTE ✓	15315 SOUTH DIXIE HWY SUITE 5044 MIAMI FL 33157	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
AMBR	MIDELYN LOUIS ✓	15315 SOUTH DIXIE HWY SUITE 5044 MIAMI FL 33157	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PLEASE WE NEED TO CHANGE THE CORRECT NAME OF THE COMPANY IN THE FILING AREA IS
TO SMALL FOR THE WHOLE NAME
DUMORNAY-DELISFOOD 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 DUMORNAY AMBR = Authorized Member

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E. Effective date, if other than the date of filing: 06-01-2023 (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 605.0207 (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 06-02 2023


Signature of a member or authorized representative of a member

STANLEY DUMORNAY
Typed or printed name of signee