107000002208

(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:

Office Use Only



900315141789

06/29/18--01013--017 **30.00



B FIGUEROA JUL 0 5 2018

COVER LETTER

TO: Registration Sect Division of Corpo				
DELRU LLC				
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of A	nendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	JOSE M DELGADO			
		Name of Person		_
	DELRU LLC			
		Firm/Company		_
	14227 CASTLEROCK D	R		_
		Address		_
	ORLANDO FL 32828			
	DELRULLC@YAHOO.CC	City/State and Zip Code OM		_
	E-mail address: ()	to be used for future annual ii	eport notification)	
For further information con	cerning this matter, please ea	all:		
JOSE M DELGADO		800 918	-6702	
Name of F	erson	Area Code	Daytime Telephone Numb	er
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 tadditional copy is enclosed.	Certific osed) Certific	Filing Fee, cate of Status & d Copy al copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32304

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DELRU LLC			
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L07000002208	were filed on 01/08/2007	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Linthed Liabi	11 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s	
•	14227 CASTLEROCK DR	the appreviation (L.F.C.)	
Enter new principal offices address, if applicable:	ORLANDO FL 32828		
(Principal office address MUST BE A STREET ADDRESS)	ONEANDO LE 32020	्र _क ्र हिंदू में क	
Enter new mailing address, if applicable:	14227 CASTLEROCK DR	JUN 29	
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO FL 32828		
Induting dudiess MAT BE A FOST OFFICE BOX	 		
		- <u> </u>	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	-	enter the name of the ne	
	Enter Florida street address		
	, Florid	la	
N. D. D. Singer and A. L. W. Singer and if the spain of Designature of America	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agents			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	performance of my duties, and i	am familiar with and	

If Changing Registered Agent, Signature of New Registered Agent

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 a or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	RAFAEL BRINO FIGUEIREDO	14227 CASTLEROCK DR	Add
		ORLANDO FL 32828	□ Remove
			☐ Change
			Add
			Remove
			Change
			Add
			☐ Remove
			Change
			Remove
			Change
			□ Remove
			☐ Change
			☐ Remove
			□ Change

·		. 	
			
		<u> </u>	2016
		Tit.	
		₹5	_ \frac{\frac}\frac{\frac{\frac{\frac{\frac{\frac{\frac}\fint{\frac{\frac{\frac}\fint{\frac{\fir}{\fint}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\firac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\firec{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}
		:유출: (기소)	
			= (
			
			<u> </u>
fective date, if other than the date of filing:		_ (optional)	
on effective date is listed, the date must be specific and cannot be prior to date on the date inserted in this block does not meet the applicable state.			
ocument's effective date on the Department of State's records.	, , ,		
erecord specifies a delayed effective date, but not an ef The 90th day after the record is filed.	ffective time, at 3	12:01 a.m. on t	he earlier o
, 25 JUNE 2018,			
25 JUNE 2018			
25 JUNE 2018, Signature of a nyeholer or authorized re			

Page 3 of 3

Filing Fee: \$25.00