L09000037072°

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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FILE E. D

SECRETARY OF STATE
AND ANASSEE, FLORIDA

D. SCOTT 0CT 2 6 2016



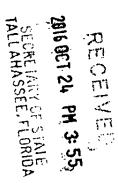
FLORIDA DEPARTMENT OF STATE Division of Corporations

October 4, 2016

INGRID STUART 1021 SW 85 AVE PEMBROKE PINES, FL 33025

SUBJECT: DARVILLES WHOLESALE, LLC

Ref. Number: L09000037072



We have received your document for DARVILLES WHOLESALE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

COMPLETE PAGE 1 OF 3.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

. Letter Number: 416A00021211

FILE D 16 OCT 24 PH 2: 06 SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Darvelle's Who	lesale	LLC
Name of Limi	ted Liability Company	
The enclosed Articles of Amendment and fee(s) are subr	nitted for filing.	
Please return all correspondence concerning this matter t	o the following:	
Ingris ?	Stuart	
	Name of Person	
Daru les	wholesale	
	Firm/Company	
1021 SW	Address Punes Fu City/State and Zip Code Obe used for future annual report no	
	Address	, , , , , , _
Pembroke	Pines FL	33025
	City/State and Zip Code	
ingridstuart	a fahoo co	O M
		ouncation)
For further information concerning this matter, please ca		
Ingrid Stuart Name of Person	at $(9 \le 9)$ Area Code Dayti	76511
Name of Person	Area Code Dayti	me Telephone Number
		至 5 万
Enclosed is a check for the following amount:		FILE D. S60.00 Filing Res. On P.
\$25.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is melosod)
MAILING ADDRESS: Registration Section	Registration Sec	
Division of Corporations P.O. Box 6327	Division of Corp Clifton Building	
Tallahassee, FL 32314	2661 Executive (Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Darulle's Wholesa	le LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	iy as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>LO 9 0 0 0 0 3 7 0 7 2</u>	were filed on 04/17/2009	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abl	previation "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 off registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		ECR S T
New Registered Office Address:		語24
New Registered Office Address.	Enter Florida street address	HG PO
	, Florida	25 N
New Registered Agent's Signature, if changing Registered Agent:	City	# BH 8
new Registered Agent 5 Signature, it 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

	ng Authorized Person(s) authorized to defrom our records:	ed to manage, enter the title, name, and address of each person being added Address Type of Action		
MGR = AMBR =	Manager Authorized Member	d Member		
<u>Title</u>	<u>Name</u>	Address Type of Action		
MGR	Ivan Folbes	P.O. Box 223732 PAdd Hollywood, FL 33022 Remove		
		Hollywood, FL 33022 Remove		
		Change		
		Remove		
		Change		
		Remove		
		□ Change		
		Add		
	•	Change		
		Add		
	,	TO REPOVE		
		SSET TANK		
		FLO Tremos		
		Change		

: Ifame	nding any other information, enter change(s) here: (Attach additional sheets, if nece	
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Note: document	ve date, if other than the date of filing:	s date will not be listed as t
	Sockarbay 7/2	•
Dated_	September 26, 2016.	Tua =
	lastred.	CO
	. Signature of a member or authorized representative of a member	SA T
	INGRIA STUART	24 25 26 26 26 26 26 26 26 26 26 26 26 26 26
	Typed or printed name of signee	7 S C
		ORI C
	Page 3 of 3	DA S

Filing Fee: \$25.00