

L12000125731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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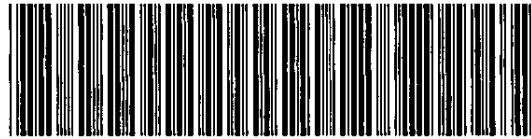
(Business Entity Name)

(Document Number)

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STATE
TALLAHASSEE, FLORIDA

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B. BOSTICK

DEC 14 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **DELTA AMERICAN INVESTMENTS 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:

JOE KURUVILA

Name of Person

DELTA AMERICAN INVESTMENT LLC

Firm/Company

2393 S CONGRESS AVE 200

Address

City/State and Zip Code

WEST PALM BEACH FL 33406

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA HIJOS

Name of Person

at **954 478 5071**

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

Delta american investment 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 10/2/2012 and assigned
Florida document number 112000125731

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DELTA AMERICAN INVESTMENT LLC

The new name must be distinguishable and end with 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)

2393 congress ave 200

west palm beach fl 33406

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2393 congress ave 200

west palm beach fl 33406

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

N/A, 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 608, 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.

N/A
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Maria Hijos	2393 congress ave 200	<input checked="" type="checkbox"/> Add
		west palm beach fl 33406	<input type="checkbox"/> Remove
		2393 congress ave 200	
mgr	9822 land trust	west palm beach fl 33406	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

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

Dated 12/11/12, _____.



Signature of a member or authorized representative of a member

MARIA HIJOS

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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12 DEC 13 PM 1:11

CLERK OF STATE
TALLAHASSEE, FLORIDA