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## **COVER LETTER**

	ustration Se ision of Cor					
SUBJECT:	DELFIMAI	R, LLC				
Sebucer.		Name of Lim	nited Liability Company			
The enclosed	l Articles of .	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	ndence concerning this matter	r to the following:			
	•	ū	_			
		ILEANA NOA				
	Name of Person					
	CONCORDE LAND TITLE SERVICES, INC.					
	Firm/Company					
		134 SOUTH DIXIE HIGHWAY, SUITE 100				
			Address			
		HALLANDALE BEACH.	I, FL 33009			
		NIO A OGONICOD DEL TO	City/State and Zip Code			
		INOA@CONCORDELTS.  E-mail address: (	(to be used for future annual report notification)			
For further in	nformation co	oncerning this matter, please ca	call:			
ILEANA NO	AC		305 356-8403			
Name of Person		Person	at () Area Code Daytime Telephone Number			
Enclosed is a	check for th	e following amount:				
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 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		ation Section n of Corporations ox 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DELFIMAR, LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our rec Liability Company)	ords.)	
ne Articles of Organization for this Limited		were filed on 11/21/2012	and assigned	
orida document number L12000146850	······································			
nis amendment is submitted to amend the fol	Howing:			
. If amending name, enter the new name	of the limited liat	pility company here:		
e new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "	LLC" or the abbreviation "L.L.C."	
nter new principal offices address, if appli	icable:			
Principal office address MUST BE A STRE	ET ADDRESS)			
	_			
			· · · · · · · · · · · · · · · · · · ·	
nter new mailing address, if applicable:		134 SOUTH DIXIE HIGH	WAY, SUITE 100	
Mailing address MAY BE A POST OFFICE	E BOX)	HALLANDALE BEACH.		
			<u></u>	
. If amending the registered agent and	d/or registered o	ffice address on our reco	ords, enter the name of the	
gistered agent and/or the new registered (	office address her	<u>·e</u> :	8:4	
Name of New Registered Agent:	ILEANA NOA	<u> </u>		
New Registered Office Address:	134 SOUTH DIXIE HIGHWAY, SUITE 100			
		Enter Florida street ad	dress	
	HALLANDAI	LE BEACH	, Florida <u>33009</u>	
		Cira	Zin Cods	

## 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>	Address	Type of Action
MGR	PAULO A. GRECCO	18201 COLLINS AVENUE, 1205	🗆 Add
		SUNNY ISLES, FL 33160	■ Remove
			□ Change
MGR	LOMAS GROUP LLC, A DELAWARE	134 S. DIXIE HIGHWAY, #100	Add
	CCC	HALLANDALE BEACH, FL 3300 9	Remove
			Change
			Add
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00