# L13000175654

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JUL 1 0 2019

## **COVER LETTER**

TO: Registration Section Division of Corp					
SUBJECT:	Delius Name of Limi	Domini (a na ) ited Liability Company	11-0		
The enclosed Articles of A	mendment and fee(s) are subt	nitted for filing.			
Please return all correspond	dence concerning this matter t	to the following:			
	Leo tour	Felmand Name of Person  Have  Firm/Company  Address  City/State and Zip Code  5 1 2 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	et Unit 11 12 COM		
For further information cor	cerning this matter, please ca	•			
Pully Fe Name of I	rmandez	at (786) 413	e 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 enclo	s & T	. ( <u>)</u> :

#### MAILING ADDRESS:

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

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clitton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Delicias DOMI	Willama, LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears'on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u> 413000/75654</u> .	were filed on 12/20/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	12700 SW 127 NH	Ave
(Principal office address MUST BE A STREET ADDRESS)	HI (MI) 119 MI (MI) 7-6	33186
Enter new mailing address, if applicable:	SAME AS A	-bove
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	Tice address on our records, <u>enter</u>	the name of the i
Name of New Registered Agent:		<del></del>
New Registered Office Address:		ي. ب
	Enter Florida street address	n;
	, Florida	7. 7. 1
N. B. C. L. C.	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 ad or removed from our records:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGBM	ToseA. Antigua	15601 SW 137th alve API 220 Ste 119 MIAMI (FL 33177	
	v	API 220 Ste. 119	Remove
		Mianic, FL 33177	Change
			Add
			Remove
			Change
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n amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	Flease Remove the Above MARK
	Flease Remove the Above MGRM Member close & Juliqua,
_	
_	thank you
<del></del>	
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(If an effe <u>Note:</u> I	the date, if other than the date of filing:
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	06/31 3019
	Signature of a member or authorized representation of a member
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00