

L13000175654

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000314634 3)))



H23000314634ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : FORTUNA & ASSOCIATES TAX SERVICES
Account Number : I20210000098
Phone : (305)728-2377
Fax Number : (302)728-2378

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: FORTUNATAXPROS@GMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DELICIAS DOMINICANA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

2023 SEP -7 PM 4:54

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 SEP -7 PM 4:54

H23000314634 3

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DELICIAS DOMINICANA, 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:

Julio Anibal Then

Name of Person

DELICIAS DOMINICANA, LLC

Firm/Company

12720 SW 112TH STREET Suite 119

Address

MIAMI, FL 33186

City/State and Zip Code

bobadillapeguero@yahoo.com

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

For further information concerning this matter, please call:

Mario Bobadilla

305

781-7104

at (_____) _____

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H23000314634 3

H23000314634 3

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

DELICIAS DOMINICANA, 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 12/20/2013 and assigned
Florida document number 1.13000175654.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Mantio Bobadilla

New Registered Office Address:

12700 SW 122nd Ave Suite 119

Enter Florida street address

Miami

Florida

33186

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

H23000314634 3

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>	<u>Address</u>	<u>Type of Action</u>
MBR	BPP INVESTMENTS, LLC	12700 SW 122 AVE STE 119 MIAMI, FL 33186	☒ Add
			☐ Remove
			☐ Change
AMBR	Julio Anibal Then	12700 SW 122nd Ave Suite 119 MIAMI, FL 33186	☐ Add
			☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

H23000314634 3

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

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 30 2023

Signature of a member or authorized representative of a member

Julio Anibal Then

Typed or printed name of signee

H23000314634 3

Filing Fee: \$25.00