L14000060077

	(Req	uestor's Name))
	(Addı	ress)	
	•	,	
	(Addı	ress)	
	(City/	/State/Zip/Phor	ıe #)
PICK-UI	>	☐ WAIT	MAIL
_		_	
	(Busi	iness Entity Na	me)
	(Doci	ument Number)
	\		,
Certified Copies		Certificate	s of Status
Special Instructions	to Ei	iling Officer	
Special instructions	S LO FI	iling Onicer.	

Office Use Only



000269599650

03/03/15--01029--015 **60.00





March 18, 2015

PIERRE DELMA 201 NW 124ST MIAMI, FL 33168

SUBJECT: ORACLE OFFICE DESIGN LLC

Ref. Number: L14000060073

We have received your document for ORACLE OFFICE DESIGN LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 615A00005448

COVER LETTER . .

TO: Registration Section Division of Corporations
SUBJECT: Oracle Office Design UC 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:
Pierre alan Delma Name of Person
Firm/Company
201 NW 1245+
Miami Pl 33168
City/State and Zip Code de ma lain egmail. com. E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Pierre alain Delma at (305) 316 1957
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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

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

Oracle OFF	Fice Design LLC
(A Florida Limited (A Florida Limited)	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L1400060073</u>	ny were filed on 4-11-2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
Derlak Office Design	LLC
The new name must be distinguishable and end with the words "Limited Li	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	201 NW 1245t
(Principal office address MUST BE A STREET ADDRESS)	Miami FL 33168
Enton non-mailing address if any Parks	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·
(Manual Guaress MAT BE A TOST OFFICE BOA)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the new
	,
Name of New Registered Agent:	Terre a lain Delme
New Registered Office Address: 2 0	21 NM 12121 00 100
	Enter Florida street address
Mi	QMi , Florida 35568
N. D. Carlotte and Co. Carlotte and Co.	City Sign Code
New Registered Agent's Signature, if changing Registered Agen	
I have by account the approjectment as registered agent and as	man to not in this connects. I further course to comply with the

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.

> Registered Agent If Changing Registered Agent, Signature of Nev

Page 1 of 3

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

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address Type of Action** i erre alain Delma 201 NW 124st Mianii FL 33168 _BAdd ☐ Remove _□ Add ☐ Remove □ Add ☐ Remove ☐ Remove □ Add ☐ Remove

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
-	
The effective	date, if other than the date of filing: (optional) we date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is document is filed by the Florida Department of State)
Dated	2-27-2015
	$-\Omega$ A α
	- Talentok
	Signature of a member or authorized representative of a member
	Signature a member or authorized representative of a member Pierre a ain Delma.

Page 3 of 3

Filing Fee: \$25.00

