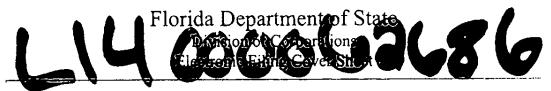
Division of Corporations



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To:

Division of Corporations

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From:

Account Name : ABITOS PLLC Account Number : I20200000189 Phone : (305)774-2945

Fax Number

: (305)774-2945 : (305)774-1504

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DELVAL TRADE LLC

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To:

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

DELVAL TRADE LLC	to the second of			
(Name of the Limited Liability Compa- (A Florida Limited L	isbility Company)			
The Articles of Organization for this Limited Liability Company Florida document number		_ and assig	zned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab				
The new name must be distinguishable and contain the words "Limited Liab	llity Company," the designation "LLC" or the abb	revistion "L	L.C."	
The new name must be distinguishable and contain the words	,, -,	.,	202	
Enter new principal offices address, if applicable:			<del>- 13 -</del>	
(Principal office address MUST BE A STREET ADDRESS)		<del></del>		4   
			17	Leanes
e e v Ne.				
Enter new mailing address, if applicable:		i		اللهام د سیخ
(Mailing address MAY BE A POST OFFICE BOX)			··	
		ſ	0	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, enter the nam	ie of the ne	<u>w registe</u>	<u>red</u>
Name of New Registered Agent:				-
New Registered Office Address:	Enter Florida street address			-
	Clay , Florida,	Zip Coo	ie	-

### 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 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>	Name	<u>Address</u>	Type of Action
MGR	MUCHICO, GERMAN E	6735 NW 36th ST	□Add
		STE 375	<b>≅</b> Remove
		MIAMI, FL 33166	
MGR	DOMINGUEZ, DAIMY	6735 NW 36th ST	BAdd
		STE 375	Remove
		MIAMI, FL 33166	☐ Change
			□Add
	<del></del> .,		Remove
			☐ Change
		_	DAGI
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change

amending any other inf	formation, enter change(s) here: (Assoch additional sheets, if necessary.)
<del></del>	
	then the date of filing: (optional)
Effective date, it other (if an effective date is listed,	r than the date of filing:  the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 dd in this block does not meet the applicable statutory filing requirements, this date will not be listed to see the Department of State's records.
Note: If the date inserte	te on the Department of State's records.
f the record specifies a delay	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
record is filled.	
_ December	15 2020
Dated	
	Signature of a member or authorized representative of a member
	Muchico GERMAN  Typed or printed name of signee
	Typed or printed name of signee