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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ABITOS PLLC Account Number : I20200000189 Phone : (305)774-2945 Fax Number : (305)774-1504

annual report mailings. Enter only one email address please

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

Certificate of Status	0
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Corporate Filing Menu

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To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DELVAL TRADE LLC	d Llability Compa	ny as it now appears on our liability Company)	records.)			
	A Florida Limited L	izbility Company)				
The Articles of Organization for this Limited Lia Florida document number L14000062686	ability Company	were filed on 12/17/2020	and assigned			
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liab	ility company here:				
The new name must be distinguishable and contain the wa	ords "Limited Liabil	ity Company," the designation	on "LLC" or the abbreviation "LLC."			
Enter new principal offices address, if applica		255 ARAGON AVE 21				
(Principal office address MUST BE A STREE		CORAL GABLES, FL 33134				
Pater and mailing address if applicables		255 ARAGON AVE 21	ND FLOOR .			
Enter new mailing address, If applicable: (Mailing address MAY BE A POST OFFICE BOX)		CORAL GABLES, FL 33134				
B. If amending the registered agent and/or reagent and/or the new registered office address	egistored office : s here:	address on our records	, enter the name of the new registered			
Name of New Registered Agent:	ABITOS PLLO		2			
Name of New Registered Address:	255 ARAGON	AVENUE 2ND FLOOR	A P			
(40% YOB)SIGNA CALLYS I JAMASE		Enter Florida stre	termi 1			
	CORAL GABLES		Florida 33134 -			
New Registered Agent's Signature, if changing I			The Code Sign			
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registeng filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as ; registered office	e performance of my di provided for in Chapte	ities, and I am jamiliar with and ir 605, F.S. Or, if this document is			

Page: 4 of 5

To:

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 = M AMBR = A	lanager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
		·	□Add
	•		□ Remove
			Change
			DAdd
			□Remove
			Change
			bbA⊡
			□Remove
			□Add
			□Remove
•			□ Change
•			DAdd
•			
			DChange
	·		DbA□
			□Remove
			Change

From: Ana Perdomo

Fax: 13057742945 To:

Fax: (850) 617-6383

Page: 5 of 5 04/01/2021 3:14 PM

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Offective date if a	ther than the date :	of filing:		(eptio	nsi)
fan effective date is lis	ted, the date must be spe	cific and connot be pric	r to date of filing or m	ore than 90 days after f	nal) ling.) Pursuant to 605.0207
Note: If the date ins	erted in this block do date on the Departm	es not meet the appli	cable statutory film	g requirements, this	date will not be listed as t
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e record specifies a d	elayed effective date,	but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
rd is filed,					
April	1 54	202			
Dated April			 ·		•
	Signat	ure of a member or aut	norized representative	of a member	

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