

L140000130003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800265416668

10/15/14--01021--008 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2014 OCT 15 AM 10:42
FILED

OCT 20 2014
J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: P. Delgado Liability, 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:

Barbara Delgado
Name of Person

P. Delgado Liability, LLC
Firm/Company

1248 NW 144 Terr.
Address

Pembroke Pines, FL 33020
City/State and Zip Code

rmoiseno7072@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ralph Moiseno at (305) 968-6197
Name of Person Area Code Daytime Telephone Number

DEPARTMENT OF STATE
 TALLHASSEE, FLORIDA
 2014 OCT 15 AM 10:42
FILED

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO
ARTICLES OF ORGANIZATION
OF

P. Delgado Liability, 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 August 19, 2014 and assigned Florida document number L14000130003.

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 end with 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)

MGR Barbara Delgado
1248 NW 144 Ter.
Pembroke Pines, FL. 33020

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2014 OCT 15 AM 10:02
CLERK OF STATE
TALLAHASSEE FLORIDA

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

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

Authorized Member being added or removed from our records:

MGR = Manager

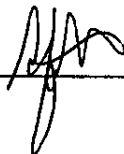
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Barbara Delgado.	MGR	<input checked="" type="checkbox"/> Add
		VP title.	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2014 OCT 15 AM 10:42
 FILED
 CLERK OF THE COURT
 JUDICIAL CIRCUIT IN AND FOR
 THE SEVENTH JUDICIAL
 CIRCUIT IN AND FOR
 FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 10, 2014.



Signature of a member or authorized representative of a member
Rafael Moreno

Typed or printed name of signee

FILED
2014 OCT 15 AM 10:42
CLERK OF THE FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA