L1500049477

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B	Susiness Entity Nam	ee)
(C	ocument Number)	
Certified Copies	Certificates	of Status
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06/06/16--01022--023 **25.00

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S Warren JUN 1 7 2016



June 8, 2016

FRANK DE LA CRUZ P.O. BOX 780102 ORLANDO, FL 32828

SUBJECT: DLX PROPERTIES LLC

Ref. Number: L15000049477

We have received your document for DLX PROPERTIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P07000060333 DLX CORP.

Please return 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.

Stacey M Warren Regulatory Specialist II

Letter Number: 416A00012086

COVER LETTER

SUBJECT:DLX 1	PROPERTIES LLC		
\	Name of Limit	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	Frank de la Cruz		,
		Name of Person	
	DLX PROPERT	TIES LLC	
		Firm/Company	
	70 DOV 70010	•	
	PO BOX 78010	Address	
		Addiess .	
	Orlando, FL 32	828	
		City/State and Zip Code	
	frankdle@gmail.c	com	
		be used for future annual report notif	ication)
For further information co	ncerning this matter, please cal	11:	
Frank de la Cruz	_	10.1 == 1	
Name of	<u> </u>	at (407) 484-226 Area Code Daytime	: Telephone Number
name of	reison	Area Code Dayume	e reiepnone 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)

Registration Section Division of Corporations

TO:

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

					* j
DLX PROPERTIES	· -			\$ 5 G	
(Name of the Limited I	iability Company as it: Florida Limited Liability	now appears on	our records.)	(1 ₀	M
(Torrac Eminos Embring	company,		To To	
The Articles of Organization for this Limited Liabi	lity Company were fi	led on03/	16/2015	<u> </u>	ssigned
Florida document number L15000049477	·			₩	
This amendment is submitted to amend the followi	ng:				
A. If amending name, <u>enter the new name of th</u>	e limited liability co	mpany here:			
DLXIAC	X VENTUR	EC Lal	'		
The new name must be distinguishable and contain the words			ation "LLC" or t	he abbreviation '	L.L.C."
Enter new principal offices address, if applicable	۹۰	241 Lexingd	lale Drive		
(Principal office address MUST BE A STREET A		Orlando, FL			
			·		
Enter new mailing address, if applicable:		PO BOX 780102			
(Mailing address MAY BE A POST OFFICE BOX)		Orlando, FL 32878			
B. If amending the registered agent and/or registered agent and/or the new registered office		ldress on our	r records, <u>en</u>	iter the nam	e of the new
Name of New Registered Agent:	Frank de la Cruz				-
New Registered Office Address:	241 Lexing	gdale Drive		<u> </u>	
	Enter Florida street address				
_	Orlando		, Florida	32828	
	City	V		Zip Cod	e

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.

Changing Registered Agent, Signature of New Registered Agent

Page 1 of 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>	Name	Address	Type of Action
AMBR	DANIEL F DE LA CRUZ	10524 MOSS PARK ROAD	
		204-167	☑ Remove
	,	ORLANDO, FL 32832	☐ Change
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
			Add
			Remove
			Change
			
			□ Remove
			Change
			→ Add
			Change Add Remove Remove Corrections Co
			ROP Change

If amen	ding any other inform	ation, enter ch	ange(s) here : (A	ttack additional si	heets, if nec	essary.)	
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<u>Note:</u> If documen ne reco	e date, if other than the tive date is listed, the date in the late in this late's effective date on the late of t	plock does not me Department of States and effective da	eet the applicable s ate's records.	tatutory filing requ	irements, this	s date will not b	e listed as
1110 3	our day after the re	cord is filed.					
Dated _	JUNE 2						
			·				
		of militre of a m	ember or authorized	representative of a m	ember	2016	_
				-		, fri	T
			DE LA CRUZ			三	_ 1
		7	Typed or printed nam	e of signee		9,75	_ m
						To The	
			Page 3 of	3		OR AN	

Filing Fee: \$25.00