## 116000050246

(Re	questor's Name)	
(Add	dress)	<del> </del>
(Add	dress)	
(Cit	y/State/Zip/Phone #	9
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2016 DEC 14 PM 1: 1

K. SALY DEC 15 2016

## **COVER LETTER**

Division of Corporations				
SUBJECT: DELGADO	ACQUISITION LLC			
	Name of Lim	nited Liability Company	<del></del>	
The enclosed Articles of Ar	mendment and fee(s) are sub	omitted for filing.		
Please return all correspond	lence concerning this matter	to the following:		
	Pedro Delgado			
		Name of Person	<del></del>	
DELGADO ACQUISITION LLC				
Firm/Company				
	6036 Mornay Dr			
		Address		
	Tampa, Fl, 33615			
		City/State and Zip Code		
	delgado376@yahoo.es			
		to be used for future annual report notification	ation)	
For further information con-	cerning this matter, please ca	all:		
Pedro Delgado		813 4477909		
Name of Po	erson	at () 4477909 Area Code Daytime T	elephone Number	
Enclosed is a check for the t	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:

TO:

Registration Section

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

2016 DEC 14 PM 1: 16

TALLAHASSEE FLORIDA

DELGADO ACQUISITION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	on for this Limited Liability Company v	vere filed on 03/10/20	and assigned	
Florida document number	L16000050246			
This amendment is submitt	ed to amend the following:			
A. If amending name, en	ter the new name of the limited liabil	ity company here:		
DELGADO ACQUISITION	S LLC			
The new name must be distingui	shable and contain the words "Limited Liabilit	y Company," the designati	on "LLC" or the abbreviation "L.L.C."	
Enter new principal office	es address, if applicable:			
(Principal office address N	<u>IUST BE A STREET ADDRESS)</u>			
Enter new mailing address (Mailing address MAY BE)  B. If amending the regregistered agent and/or the	A POST OFFICE BOX)	ce address on our	records, enter the name of the new	
Name of New Reg	ristered Agent:			
New Registered O	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

If amending or removed	Authorized Person(s) authorized to n from our records:	nanage, <u>enter th</u>	e title, name, and address of eac	h person being added	
MGR = Manager AMBR = Authorized Member		2016 DEC 14 PM 1: 16  Address  SECRETARY  Type of Action			
<u>Title</u>	<u>Name</u>	Address	SECRETARY OF STATE TALLAHASSEE, FLORIDA	Type of Action	
			TOSEE, FLORIDA	🗖 Add	
				☐ Remove	
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			<u> </u>	🗖 Add	
		<del></del> -		□ Remove	
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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- TASSEE FLORIL	E Da
	7;
E. Effective date, if other than the date of filing:	
If the record specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of (b) The 90th day after the record is filed.	f:
Dated 12/10/16,	
Signature of a member or authorized representative of a member	
V	
PEDRO DELGADO MARINO  Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00