

**L16 0000 66265**

\_\_\_\_\_  
(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

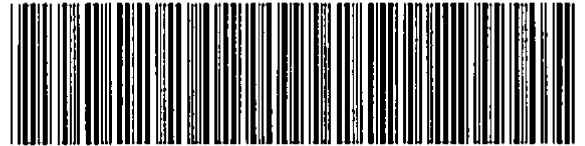
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**800332898048**

08/26/19--01024 -009 \*\*25.00

**FILED**

**2019 AUG 26 PM 1:54**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**SEP 03 2019  
T. LEBELUX**

# COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: DELGARTI, 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:

YURIANELA ARTILES SANCHEZ

Name of Person

DELGARTI, LLC

Firm/Company

2759 ALDINE CIRCLE

Address

LAKELAND, FL. 33801

City/State and Zip Code

delgarti@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YURIANELA ARTILES SANCHEZ

at ( 863 ) 8125274

Name of Person

Area Code

Daytime Telephone 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)

**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**

DELGARTI, LLC

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

**FILED**

The Articles of Organization for this Limited Liability Company were filed on APRIL 04, 2016 and assigned  
Florida document number L16000066265

2016 AUG 26 PM 1:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

2759 ALDINE CIRCLE

**(Principal office address MUST BE A STREET ADDRESS)**

LAKELAND, FL. 33801

**Enter new mailing address, if applicable:**

2759 ALDINE CIRCLE

**(Mailing address MAY BE A POST OFFICE BOX)**

LAKELAND, FL. 33801

**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:

YURIANELA ARTILES SANCHEZ

New Registered Office Address:

2759 ALDINE CIRCLE

*Enter Florida street address*

LAKELAND

*City*

Florida 33801

*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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add 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	YURIANELA ARTILES SANCHEZ	2759 ALDINE CIRCLE, LAKELAND, FL. 33801	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Because, Delgati LLC original purpose became inaccurate due to a change in circumstances.

an update is require. Please, change content of Article III as fallows:

Article III: "Any and all lawful online business"

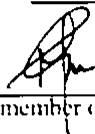
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(f)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated \_\_\_\_\_ . \_\_\_\_\_ .



\_\_\_\_\_  
Signature of a member or authorized representative of a member

YURIANELA ARTILES SANCHEZ

\_\_\_\_\_  
Typed or printed name of signee