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## **COVER LETTER**

TO: Registration So Division of Cor			
Delgarti Ll SUBJECT:	.C		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Yiman Delgado Chong		
		Name of Person	
	Delgarti LLC		
		Firm/Company	<del></del>
	550 N Citrus Grove Blvd.		
		Address	<del></del>
	Polk City, F1, 33868		
		City/State and Zip Code	<del></del>
	delgarti@yahoo.com  E-mail address: (	to be used for future annual report notification)	
For further information c	concerning this matter, please c	all:	
Yiman Delgado Chong		863 669 7485	
Name o	f Person	at () Area Code Daytime Telephone N	umber
Enclosed is a check for the	_		
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy (additional copy is enclosed) Certified Copy is enclosed)	.00 Filing Fee. rtificate of Status & rtified Copy ditional copy is enclosed)
			: : :
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
Tallahassee.		2415 N. Monroe Street, Su Tallahassee, FL 32303	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Delgarti LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on o ed Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compa	ny were filed on April 04	. 2016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	ability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our record	ls, enter the name of the new register
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida str	veet address
		, Florida
New Registered Agent's Signature, if changing Registered Age	City	Zip Code
hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and completicept the obligations of my position as registered agent a peing filed to merely reflect a change in the registered officompany has been notified in writing of this change.	— gree to act in this capac te performance of my d is provided for in Chapt	uties, and I am familiar with and er 605, F.S. Or, if this document is
		;

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
		<del></del>	□Add
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		·	Change
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			Remove
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			☐Remove
			□Change
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			□Remove
			(T) Change

	Please, change content of Article III as fallows:	
	Article III: "ANY AND ALL LAWFUL BUSINESS"	<del></del>
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		<del></del>
If an ef Note:	fective date, if other than the date of filing:	irsuant to 605,0207 (Il not be listed as (
е гесо rd is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 9	0th day after the
		;
Dated		
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Typed or printed name of signee