## 116000 125883

| (Re                                     | equestor's Name)   |             |
|---|--------------------|-------------|
| (Ad                                     | ldress)            | ·           |
| (Ad                                     | ldress)            |             |
| (Cit                                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                                 | ☐ WAIT             | MAIL        |
| (Bu                                     | isiness Entity Nan | me)         |
| (Document Number)                       |                    |             |
| Certified Copies                        | _ Certificates     | s of Status |
| Special Instructions to Filing Officer: |                    |             |
|   |                    |             |
|   |                    |             |
|   |                    |             |

Office Use Only



500328412515

05/06/19--01023--002 \*\*25.00

S TALLENT MAY 1 6 2019

mend

2019 MAY -6 PM 3: 43 SECRETARY OF STATE

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: DELAY UC Name of Limited Liability Company  |
| 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:  |
| Emilio Coonzalez Name of Person  |
| Firm/Company   |
| 11017 Crescent Bay Pavo  |
| City/State and Zip Code  Equipment 5 @ amail Com  Ejmail address; (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| Emilio Conzale + at 352 701 6288 Name of Person Area Code Daytime Telephone Number   |
| Enclosed is a check for the following amount:  |
| □ \$25.00 Filing Fee  □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee.  Certificate of Status  □ \$55.00 Filing Fee & □ \$60.00 Filing Fee.  Certificate of Status & □ \$60.00 Filing Fee. |

 ${\bf MAILING~ADDRESS:}$ 

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

| DELAK   | (()   |   |
|---|---|---|
| (Name of the Limited Li<br>(A Fl  | ability Company as it now appears on our re<br>orida Limited Liability Company) | ecords.)                                |
| The Articles of Organization for this Limited Liabili<br>Florida document number <u>LHADOD125</u> | ty Company were filed on $M = 1 - \frac{1}{2}$                                  | and assigned                            |
| This amendment is submitted to amend the following  | ā:  |   |
| 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:   | <u> </u>  |   |
| (Principal office address MUST BE A STREET AI   | ODRESS)   | 9 N T                                   |
| Enter new mailing address, if applicable:<br>( <u>Mailing address MAY BE A POST OFFICE BOX</u>    | 2   | Y-6 PH 3: 43                            |
| B. If amending the registered agent and/or registered agent and/or the new registered office :    |   | eords, <u>enter the name of the nev</u> |
| Name of New Registered Agent:   | · · · · · · · · · · · · · · · · · · ·   |   |
| New Registered Office Address:  |   |   |
|   | Enter Florida street a  | ddress                                  |
| _   | City  | , Florida                               |
|   | 2·W   | ,                                       |

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address                                     | Type of Action  |
|--------------|-------------|---|-----------------|
| MOR          | Bran Cirard | 11017 Crescent Bay Ble<br>Clarmont Fl 34711 | ∑ <b>tz</b> ∧dd |
|              |             | [krmon+ F1 34711                            | Remove          |
|              |             |   | Change          |
|              |             |   | <b>_</b>        |
|              |             |   | Remove          |
|              |             |   | Change          |
|              |             |   |                 |
|              |             |   | Remove          |
|              |             |   | □ Change        |
|              |             | Ü Add                                       |                 |
|              |             |   | □ Remove        |
|              |             |   | Change          |
|              |             |   | □ Add           |
|              |             |   | □ Remove        |
|              |             |   | 🗆 Change        |
|              |             |   | □ Add           |
|              |             |   | _□ Remove       |
|              |             |   | □ Chanve        |

|                          | iending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |
|--------------------------|---|
|                          |   |
|                          |   |
|                          |   |
|                          |   |
|                          |   |
|                          |   |
|                          |   |
|                          |   |
|                          |   |
|                          |   |
|                          |   |
|                          |   |
|                          |   |
|                          |   |
|                          |   |
|                          |   |
|                          |   |
| (If an e<br><u>Note:</u> | tive date, if other than the date of filing: 5-2-2019 (optional)  Rective date is fisted, 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records. |
|                          | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.   |
| Datec                    | May 2 9. 3019   |
|                          | Signature of a member or authorized representative of a member  |

Page 3 of 3

Filing Fee: \$25.00