

LI6000130970

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

DEC 16 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Della's Haven, 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:

Daniel McKenzie-Plez
Name of Person

Della's Haven, LLC.
Firm/Company

4531 SW 113th Way Unit 106
Address

Pembroke Pines, FL 33025
City/State and Zip Code

Daniel.McKenziePlez@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel McKenzie-Plez at (305) 890-2449
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**

FILED
2016 DEC 15 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Della's Haven, LLC.

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

The Articles of Organization for this Limited Liability Company were filed on 07/12/2016 and assigned Florida document number L16000130970.

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: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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: _____

New Registered 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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Antwan McKenzie-Plez	4531 Sw 113th Way Unit 106	☒ Add
		Pembroke Pines, FL 33025	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change
			☐ Add
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			☐ Remove
			☐ Change

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2018 DEC 19 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 DEC 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2018 DEC 15 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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)(b)

Dated December 12, 2016

Ant

Signature of a member or authorized representative of a member

Daniel Mckenzie-Platz

Typed or printed name of signee