

L17 00000 61559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

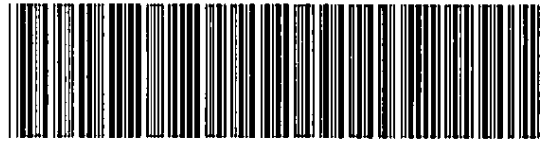
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900373193829

09/14/21--01015--025 **25.00

SEP 14 PM 2:16

O SIMMONS

SEP 28 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DALCROMA 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:

Jairo Andres Cruz

Name of Person

Firm/Company

925 NW 97TH AVE, Apt # 305

Address

MIAMI, FL 33172

City/State and Zip Code

jairoacruz@gmail.com

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

For further information concerning this matter, please call:

Jairo Andres Cruz

786 863-6135

at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2021 SEP 14 PM 2:16

DALCROMA 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 03/16/2017 and assigned
Florida document number L17000061559.

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:

925 NW 97TH AVE, Apt # 305

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33172

Enter new mailing address, if applicable:

925 NW 97TH AVE, Apt # 305

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33172

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:

Jairo Andres Cruz

New Registered Office Address:

925 NW 97TH AVE, Apt # 305

Enter Florida street address

Miami

Florida 33172

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.

X Jairo A. Cruz

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>
AMBR	Natalia Andrea Cruz	7825 NW 107 Ave	<input type="checkbox"/> Add
		Apt 504	<input checked="" type="checkbox"/> Remove
		Doral, FL 33178	<input type="checkbox"/> Change
AMBR	Paola Alejandra Cruz	319 Paterson Ave	<input type="checkbox"/> Add
		East Rutherford, NJ 07073	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jairo Andres Cruz	925 NW 97TH AVE	<input type="checkbox"/> Add
		Apt # 305	<input type="checkbox"/> Remove
		Miami, FL 33172	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

2021 SEP 14 PM 2:16

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)(b)

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 August 26 2021

X Jairo A. Cruz

Signature of a member or authorized representative of a member

Jairo Andres Cruz

Typed or printed name of signee

Filing Fee: \$25.00