

L17000094438

(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:

2017 MAY 15 PM 4:22
TALLAHASSEE, FLORIDA

Office Use Only



800298967528

05/16/17--01003--026 **25.00

FILED
17 MAY 15 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
MAY 16 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CRISTO DELGADO 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:

ARIADNA SILVEIRA

Name of Person

Firm/Company

12269 NW 13TH CT

Address

PEMBROKE PINES, FL 33026

City/State and Zip Code

ARI.SILVEIRA79@GMAIL.COM

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

For further information concerning this matter, please call:

ARIADNA SILVEIRA

954

348-8948

Name of Person

at ()

Area Code

Daytime Telephone Number

FILED
17 MAY 15 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**

CRISTO DELGADO 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 APRIL 27, 2017 and assigned
Florida document number L17000094438.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ARIOSTO DELGADO LLC

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	ARIOSTO DELGADO	2741 MONTEVIDEO AVE	<input checked="" type="checkbox"/> Add
		COOPER CITY FL 33026	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CRISTO DELGADO	2741 MONTEVIDEO AVE	<input type="checkbox"/> Add
		COOPER CITY FL 33026	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
MAY 15 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED
MAY 15 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
MAY 15 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 5/5, 2017

A. Pelgode
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

ARIOSTO DELGADO

Typed or printed name of signee