

L17 000 141092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

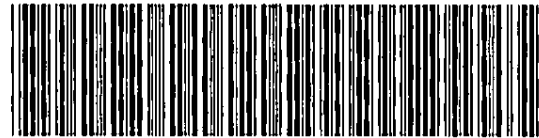
(Business Entity Name)

(Document Number)

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2018 JAN -9 11:14:37

JAN 09 2019
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DELTA INTEFRATOR USA L.L.C.
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:

MARC A. MICELI, E.A.
Name of Person
MARC ANTHONY MICELI P.A.
Firm/Company
4613 UNIVERSITY DRIVE, SUITE 259
Address
CORAL SPRINGS, FLORIDA 33067
City/State and Zip Code
MARCAMICELIPA@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARC A. MICELI, E.A. 954 651-0097
Name of Person at () Daytime Telephone Number
Area Code

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 14, 2017

MARC A MICELI
MARC ANTHONY MICELI PA
4613 UNIVERSITY DRIVE, SUITE 259
CORAL SPRINGS, FL 33067

SUBJECT: DELTA INTEGRATOR USA L.L.C.
Ref. Number: L17000141092

We have received your document for DELTA INTEGRATOR USA L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 817A00025316

RECEIVED
JAN - 8 2018

2018 JAN - 8 PM 4:37

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

DELTA INTEFRATOR USA L.L.C.

(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 JUNE 29, 2017 and assigned
Florida document number L17000141092.

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)

	25
	1
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	1
	1
	1
	7

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

	1
	1
	1
	1
	1
	1
	1
	7

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:

MARC A. MICELI, E.A.

New Registered Office Address:

4613 N. UNIVERSITY DRIVE - STE 476

Enter Florida street address

CORAL SPRINGS

City

Florida

33067

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.

Marc A. Miceli

If Changing Registered Agent, Signature of New Registered Agent

If attending 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	ANGELO CACCAVIELLO	5019 JOHNSON ST.	<input type="checkbox"/> Add
		HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FRANCO ALESSO SPINA	VIA DON LUIGI GUANELLA	<input type="checkbox"/> Add
		60 Is 7 Sc A. NAPOLI ITALY	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[illegible]

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.

Dated DECEMBER 7, 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee

2018-11-18 11:34