117000149508

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COVER LETTER

TO: Registration Section of Corps			
DELIGR OF	PLLC		
SUBJECT:	Name of Lim	ited Liability Company	
The analogud Actions . CA	mendment and fee(s) are sub-	mitted for filing	
	Ince concerning this matter	<u>-</u>	
	JORGE SALCEDO ESQ.		
	-	Name of Person	
	SALCEDO ATTORNEYS	SAT LAW P.A.	
	-	Firm/Company	
	200 S BISCAYNE BLVD	. SUITE 2700	
		Address	
	MIAMI, FL 33131		
	JSALCEDO@LAWJSH.CO	City/State and Zip Code	
		to be used for future annual report notific	cation)
For further information co-	seerning this matter, please ca	all:	
JORGE SALCED ATT		305 3750640	
S - 160 c	sen	at () 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)

MARKING ADDRESS:

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

DELIGROUP LLC		
(<u>Name of the Limited Liability Comp</u> a (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000149508</u> .	were filed on 07/12/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	350 S MIAMI AVE APT 3803	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33130	
Enter new mailing address, if applicable:	350 S MIAMI AVE APT 3803	
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33130	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		the name of the na
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		7.U

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 radiates 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 for some records:

MGR = Manager

AMBR = Authorized Member Type of Action <u>Address</u> Name **Title** 8308 NW 74TH ST DUENAS, FRANCISCO J MGR □ Add TAMARAC, FL 33321 Remove _ Change 350 S MIAMI AVE APT 3803 **CUCALON, ANDRES** _□ Add MGR MIAMI, FL 33130 □ Remove _☐ Change □ Add □ Remove ☐ Change _□ Remove _D Change _□ Add ☐ Remove _□ Change _□ Add _□ Remove ☐ Change

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E. Effective dur (If an effective Note: If the document's	e, if other than the date of filing:(optional) listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to inserted in this block does not meet the applicable statutory filing requirements, this date will not be we date on the Department of State's records.	605.0207 listed as	(3) the
If the record s (b) The 90%	needfies a delayed effective date, but not an effective time, at 12:01 a.m. on the each after the record is filed.	rlier of	f:
Dated Oth	2017		
	[] A constant of the constant		

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