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COVER LETTER ...

TO:		stration Se sion of Cor		rat.	•			
4 110107		Delifield At	lantic LLC					
\$UBJE (L1: _	Name of I imited Liability Company						
The encl	losed .	Articles of	Amendment and fee(s) are sub	omitted for filing				
Please re	etum a	all correspo	ndence concerning this matter	to the following				
			Shokhrullo Abdullaev					
			Delfield Atlantic LLC	Name of Person				
			1455 SE 17th Str	Firm Company				
			Fort Lauderdale FL 33316	Address				
			dmikim/a gmail.com	City State and Zip Code				
				to be used for luture annual report non-	ication)			
∉ for furth	er inf	ormation co	oncerning this matter, please c	a ¹ l				
Shokhru	illo Al			786 200-2911 at ()				
		Name of	f Person	Area Code Daytim	: Telephone Number			
Enclosed	d is a c	check for th	ne following amount					
\$25.0	00 Fa	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55 (0) 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
2061 Executive Center Circle
Fallahassee, FL 32304

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION, OF

2015 COT 24 /H 9: 24

Delfield Atlantic LLC

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

The Articles of Organization for this Limited Liabili		ed on 03/19/2018		_ and assigned
Florida document number L18000070358				
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability cor	npany here:		
The new name must be distinguishable and contain the words.	"Emuted Liability Comp	any." the designation	"LLC" or the abbre	viation "L L.C."
Enter new principal offices address, if applicable:	:			
(Principal office address MUST BE A STREET AI	DDRESS)	·		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX			<u>-</u>	
B. If amending the registered agent and/or re	registered office ad	dress on our re	cords enter th	e name of the new
registered agent and/or the new registered office:	address here:	vicas va var re	enter the	e name of the new
Name of New Registered Agent:				
New Registered Office Address				
		Enter Florida street i	address	
_			, Florida	
New Registered Agent's Signature, if changing Regist				Zip Code
				_
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered	id complete perforn å agent as providec	nance of my dutie I for in Chapter (es, and Lam fam 605, F.S. Or, if i	iliar with and his document is
being filed to merely reflect a change in the regist company has been notified in writing of this chan	iered office addres: ige.	t. I hereby confir	m that the limite	d liability

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>	Type of Action
MBR	Dminiy Kim	1095 Pin Oak St	√ Add
		Hollywood, FL 33019	_ /\dd
			Remove
		USA	
			Remove
			☐ Change
		****	☐ Remove
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b			☐ Change
		 	
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			Change

	
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	10/23/19
ective date, if other the	han the date of filing:
te: If the date inserted i	in this block does not incer the applicable statutory filing requirements, this date will not be listed
nument's effective date of	on the Department of State's records
record specifies a c The 90th day after t	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier the record is filed.
ed October 23	2019
	(' '\) // 1/ (
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00