118000169091

(Re	questor's Name)	
(Ád	dress)	
(Ad	dress)	
,	·	
(Cit	ty/State/Zip/Phone	e #)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
(Bu	isiness Entity Nar	ne)
`	•	,
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800316137088

08/17/18--01016--007 **30.00

18 AUG 17 PM 2: 26

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

N COOPEE AUG 2 2 2018

COVER LETTER

TO:	Registration Se Division of Cor			
erm i	DL Snack	LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
		Zoe Figueroa		
			Name of Person	
			Firm/Company	
		11190 NW 39th St, Apt I		
			Address	
		Coral Springs, FI 33065		
			City/State and Zip Code	
		zfigueroa13@yahoo.com	to be used for future annual report notific	nton)
For fu	erther information c	oncerning this matter, please co		aucii)
Zoe I	igueroa		754 235 2996	
	Name o	f Person		elephone Number
Enclo	sed is a check for th	ne following amount:		
□ \$:	25.00 Filing Fec	■ \$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

DL Snacks LLC			
(Name of the Lim	ited Liability Company as (A Florida Limited Liabil	it now appears on our recor ity Company)	<u>ds.</u>)
The Articles of Organization for this Limited I	_iability Company were	e filed on 07 13 2018	and assigned
Florida document number L18000169091	·		
This amendment is submitted to amend the fol	lowing:		
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 C	ompany," the designation "LLG	C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STRE	ET ADDRESS)		
			5
			ECRE SION AUG
Enter new mailing address, if applicable:			- COFA
(Mailing address MAY BE A POST OFFICE	E ROX)		10 COS
			2 0 5 C
			<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
B. If amending the registered agent and		address on our record	is, enter the name of the
registered agent and/or the new registered of	office address here:		
Name of New Registered Agent:	Zoe Figueroa		
New Registered Office Address:	11190 NW 39th St		
		Enter Florida street addre	W.S
	Coral Springs	, F	lorida <u>33065</u>
		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>	Type of Action
MGR	Zoe Figueroa	11190 NW 39th St, Apt B	Add
		Coral Springs FL 33065	Remove
			☐ Change
AMBR	Dennis Leon	11190 NW 39th St, Apt B	■ Add
		Coral Spprings, FL 33065	□ Remove
			Change
			
			☐ Remove
			Change
			Remove
			Change
<u> </u>			Add
			Remove
			☐ Change
			Add
			Remove
			□ Change

							 .		
									
								•	
 					 				
			·	•				<u> </u>	
									
									
<u> </u>									
				-				<u>66</u> <u>>≥</u>	
								AUG 1	
					<u> </u>			7	7. ARY CO
								PH	- 경우(- - 경우(-
								\	
				 				<u>o</u>	<u> </u>
			00.43	2040					
f ective date, i an effective date i	f other than t	the date of fi	ling:	3 2018	CCU	di . 00 1	optional)	n	(05.030
ote: If the date									
ocument's effec	tive date on the	Department	of State's re	cords.					
e record spec The 90th da				ut not an	effective ti	me, at 12:	01 a.m. c	n the ea	arlier d
, Jour 00	, 4.00								
ated			 ' _						
ated	Zoe	I.							

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00