## 1190000 38362

(Requesto	or's Name)
(Address)	
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(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	s Entity Name)
(Documer	nt Number)
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## **COVER LETTER**

TO:	Registration Sect Division of Corpo			
SUBJE	ст: <u>De/p</u>	Name of Lim	ited Jability Company	<del></del>
The enc	losed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspond	dence concerning this matter	to the following:	
			Name of Person  Foldings LL ( Finn Company  Address	
		Miom, F.C. Admin Ode E-mail address: (6	City/State and Zip Code    City/State and Zip Code   City/State and Zip Code   City/State and Zip Code   City/State and Zip Code	Concation)
For furt	her information cor	cerning this matter, please ca	ill:	
Kis	Name of F	e p(i) e	at ( <u>4 70</u> ) <u>3 &amp; 9 -</u> Area Code Daytime	3559 Telephone Number
Enclose	d is a check for the	following amount:		
<b>⊡</b> \$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:		Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Delpicof Hol (Name of the Limited Liab (A Flori	dinas	LLC	2020 AUG 17	PH 12: 27
(Name of the Limited Liab (A Flori	ility Company da Limited Lial	as it now appea oility Company)	rs on our records.)	<del></del>
The Articles of Organization for this Limited Liability Florida document number $\frac{1900038}{2900038}$ This amendment is submitted to amend the following:	Company wo 362 362	ere filed on	7 10	and assigned
A. If amending name, enter the new name of the lin	mited liabilit	y company h	e <u>re</u> :	
The new name must be distinguishable and contain the words "Li	imited Liability	Company," the c	lesignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	_			<del></del>
(Principal office address MUST BE A STREET ADE	DRESS)			
	-			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	-			
	-			
B. If amending the registered agent and/or register agent and/or the new registered office address here		lress on our r	ecords, <u>enter the nan</u>	ne of the new registers
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Flor	rida street address	
<del></del> -		City	, Florida	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 = Ma $AMBR = Au$	nager thorized Member	2.20 MM 12. Bito 02.	
<u>Title</u>	Name	2020 AUS 17 Pri 12: 27 Address	Type of Action
AMBR	Vilier Delepine	1250 NW 196"	35169 Broat
			□Remove
			□Change
AMBR	Debrionny Roberson	1)50 NG 19614 FCM	33/69 Exad
			□Remove
			□ Change
			□Remove
			□Change
			□Add
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f an effective date is listed <b>Note:</b> If the date inser	ter than the date of filing: d, the date must be specific and cannot ted in this block does not meet the date on the Department of State's	t be prior to date of filing o e applicable statutory fi	(option r more than 90 days after til ling requirements, this d	ing.) Pursuant to 605.0207
record specifies a del d is filed.	ayed effective date, but not an eff	ective time, at 12:01 a.i	n, on the earlier of: (b)	The 90th day after the
Dated <u>{ - 13 = </u>	2020	·		
		$\prec$		

Filing Fee: \$25.00