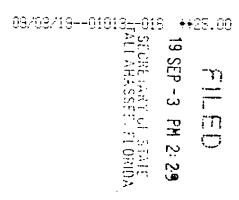


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COVER LETTER

TO:

	egistration Se vision of Cor			
SHO HEZT		FRAGIL COMPANY LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please retur	m all correspo	indence concerning this matter	to the following:	
		Humberto Delgado		
		<u> </u>	Name of Person	
		DELGADO FRAGIL COM	APANY LLC	
			Firm/Company	
		3325 E HINSON AVE		
		HAINES CITY, FL 33844	Name of Limited Liability Company I fee(s) are submitted for filing. Ing this matter to the following: elgado Name of Person FRAGIL COMPANY LLC Firm/Company SON AVE Address TY, FL 33844 City/State and Zip Code	
		FRAGIL COMPANY LLC Name of Limited Liability Company mendment and fee(s) are submitted for filing. fence concerning this matter to the following: Humberto Delgado Name of Person DELGADO FRAGIL COMPANY LLC Finn/Company 3325 E HINSON AVE Address HAINES CITY, FL 33844 City/State and Zip Code E-mail address: (to be used for future annual report notification) accerning this matter, please call: Person at (407		
		E-mail address: (to be used for future annual report notif	ication)
For turther	information c	oncerning this matter, please ca	aH:	
Humberto	Delgado			
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
		ING ADDRESS:		
	Divisio	on of Corporations ox 6327		

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DELGADO FRAGIL COMPANY LLC	minany as if how annuars on our roc	ords)
(A Florida Limi	mpany as it now appears on our receited Liability Company)	<u>vi u.s.</u>)
he Articles of Organization for this Limited Liability Comp	any were filed on 02/18/2019	and assigned
lorida document number L19000047841		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited !	liability company here:	
e new name must be distinguishable and contain the words "Limited L	iability Company," the designation "I.	LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS	ν	
		19
		हिंद में
nter new mailing address, if applicable:		FIL SEP -3
Dailing address MAY BE A POST OFFICE BOX)		
		[0]; 2; D
	<u> </u>	23 25
. If amending the registered agent and/or registered egistered agent and/or the new registered office address		
Name of New Registered Agent:		
New Registered Office Address:		
Then Registered Office Address.	Enter Florida street ada	dress
		Florida
	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>	Name	Address	Type of Action
MGR	RODRIGO ADAMES PEREZ	2413 BAKER DAIRY RD HAINES CITY, FL 33844	
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				LORIDA 1941.5	<u> </u>
ective date, if other than the reffective date is listed, the date mus	t be specific and cannot be	prior to date of filing	or more than 90 days att	tional) er filing.) Pursu	ant to 605.02
te: If the date inserted in this bl nument's effective date on the D			iling requirements, the	his date will no	ot be listed :
record specifies a delayed The 90th day after the rec		t not an effectiv	ve time, at 12:01	a.m. on th	e earlier
ed August 27	, 2019	<u> </u>			
	110				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00