Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067

Fax Number

: (845) 425-0077 : (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PELAGIC STUART FL LLC

Certificate of Status	0
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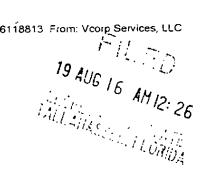
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18886118813 From: Vcorp Services, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



PELAGIC STUART		.
(Name of the Limited Lability Company as (A Florida Limited Labil	a it now annears on our records.) lity Company)	
The Articles of Organization for this Limited Liability Company were Florida document number	re filed ona	nd assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
DEL AGIC RETAIL ELORIDA, LLC		
The new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) ——————————————————————————————————		
Enter new mailing address, if applicable:		
(Malling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, enter the	name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	to Code
	City 21	PIM

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

Page 1 of 3

___ Change

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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 Type of Action <u>Address</u> Title <u>Name</u> □ Add _□ Remove ☐ Change □ Add Change □ Add □ Remove ☐ Change _ 🗆 Remove _□ Change D Add _□ Remove __ Change ☐ Remove

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f the record specifi b) The 90th day :	ies a delayed effec after the record is	tive date, but filed.	not an effectiv	e time, at 12:01	a.m. on the ear	tier of:
Doord August 14		2019	·—···			-
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Filing Fee: \$25.00