## L19000 | 46 395

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(5) (5) (5) (4) (4)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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2019 AUG 28 AM 8: 04 SEGNETANAS SEE FL



August 12, 2019

JACOBO HERNANDEZ 1331 BRICKELL BAY DR APT 2805 MIAMI, FL 33131

SUBJECT: DELUXY LLC Ref. Number: L19000146395

We have received your document for DELUXY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please add the ein number in section (D) of the amendment. You had stated your wanted the ein number to be updated but did not provide one.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Wood Regulatory Specialist II

Letter Number: 519A00016523

## **COVER LETTER**

TO:					
611011		LC			
SUBJE		Name of Limi	ited Liability Company	<del></del>	
The en	closed Articles of .	Amendment and fee(s) are sub-	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
	Name of Limited Liability Company  losed Articles of Amendment and fee(s) are submitted for filing.  seturn all correspondence concerning this matter to the following:    Jacobo Hernandez				
			Name of Person		
		DELUXY LLC			
			Firm/Company		
			Address		
		MIAMI/FLORIDA/33131			
		Jacobohernandez47@gmail			
		E-mail address: (	to be used for future annual report notific	cation)	
For fur	ther information co	oncerning this matter, please co	all:		
jacobo	hernandez		1 7865014666		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclos	ed is a check for th	ne following amount:			
<b>≘</b> \$2	5.00 Filing Fee	<del>-</del>	Certified Copy	Certificate of Status & Certified Copy	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

DELUXY LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	nny as it now appears on our records.) Liability Company)	<del> </del>
The Articles of Organization for this Limited Liability Company	were filed on 06/03/2019	and assigned
Florida document numberL19000146395		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or	
Enter new principal offices address, if applicable:		₩ EC
(Principal office address MUST BE A STREET ADDRESS)		
		T 28
		G 28 AM
Enter new mailing address, if applicable:		100 00
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	<del></del>	<del> </del>
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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>	Address	Type of Action
MGR	Jacobo Hernandez	1331 Brickell Bay Dr _ ApT 2805	<b>□</b> Add
			Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	Remove
			Change
		<del> </del>	
			☐ Remove
			Change
			□ Remove
			Change
			Remove
		<del></del>	Change
			🗆 Add
			Remove
			Change.

Please ad	d EIN of	DELUXY	LLC to
the records			
	#: 84-2	1067750	
	<del></del>		
· ·			<del> </del>
		<del></del>	
<del> </del>	<del></del>		
		<del></del>	
Effective date, if other than the date must a lift an effective date is listed, the date must a lift in this blood document's effective date on the Department.	be specific and cannot be prior to d ck does not meet the applicable	fate of filing or more than 90 days	
ne record specifies a delayed The 90th day after the reco		n effective time, at 12:	01 a.m. on the earlier of:
7/31/2019 Dated	9pm		
		•	
	Signature of a member or authorize	ed representative of a member	
Jorge Hernandez	Typed or printed n		

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Filing Fee: \$25.00