119000150405

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(= 1, 1 = 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 = 1, 10 =
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
(Bocament Namber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,

Office Use Only



400330889784

06/24/18--01028---028 **25.00

2019 JUN 24 AH 9: 20

Y SULKER JUL 05 2019

COVER LETTER

TO:	egistration Section ivision of Corporations	
SUBJE	Berto Delvanicci LLC Name of Limited Liability Company	-
The enc	ed Articles of Amendment and fee(s) are submitted for filing.	
Please re	rn all correspondence concerning this matter to the following:	
	Roberto Pulido Name of Person	_
	Berto Delvanicci, LLC	_
	888 BISCAYNE BIVE #5701	_
	City/State and Zip Code 10. Folions of forex @ gmail. (cm E-mail address: (to be used for future annual report notification)	_
For furth	information concerning this matter, please call:	
RO	Name of Person at (172) 453 0508 Area Code Daytime Telephone Numb	er
Enclosed	a check for the following amount:	
g \$25.0	(additional copy is enclosed) Certific	Filing Fee, cate of Status & cd Copy al 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

Berto Delvanic	Ci LLC
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were for Florida document number $\frac{U1900150405}{}$	iled on UUII and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	2019 SEC
(Mailing address MAY BE A POST OFFICE BOX)	- 10 11 11 12 12 12 12 12 12 12 12 12 12 12
	4/22 45 10 10 10 10 10 10 10 10 10 10 10 10 10
B. If amending the registered agent and/or registered office ac	Idress on our records, enter the name of the n
registered agent and/or the new registered office address here:	20
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
City New Registered Agent's Signature, if changing Registered Agent:	Zip Code

If Changing Registered Agent, Signature of New 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 amending or removed to	Authorized Person(s) authorized to man from our records:	age, enter the title, name, and address of each person being adde	<u>:d</u>
MGR = M:	 -		
<u>Title</u>	<u>Name</u>	Address Type of Action	
MGR	Roberto Pulido	888 BISCAYNE BLVd. #5701 MADDE	
		Change	
			
		Remove	
		Change	
			
		Remove	
		Change CP Add	
		Remove Change	
		Change	
		□ Remove	
		Change	

•										_
			-							_
							_			
						.				_
										_
						·				-
				· .		-	· · · · · ·			_
										
· · · · · · · · · · · · · · · · · · ·		<u>.</u>								
		-	-							_
										_
							## ##	<u>ن</u> ج	90:B	_
				 			- 		<u>=</u>	1
					-··· ,				2 _F	— (E.C.). (E.C.).
								[*]	글 	
		_						6일. 314	: 20	_
Effective date, if othe fan effective date is listed, Note: If the date inserted document's effective da	the date must be speced in this block does	ific and ca s not me	nnot be price et the appli	icable statu	filing or more story filing r	than 90 days	optional) safter filing. s, this date	Pursua	9:	505.02
e record specifies The 90th day afte	a delayed effect r the record is	tive da filed.	te, but n	ot an eff	ective tim	e, at 12:	01 a.m.	on the	e ear	lier (
Dated JUNE.	20 Signatur	,	2010	1.						
		V .	1. And	أرسرة						
 -	Signatur	NA	K5 / 1/11/	V	acontation of	o mab				

Page 3 of 3

Filing Fee: \$25.00