L20000059558

(Requestor's Name)
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TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor				
Delina Mar	ia's Contracting, LLC			
SUBJECT:	Name of Limi	Address City/State and Zip Code Tracting@gmail.com if address: (to be used for future annual report notification) or, please call: 813 245-6270 At (
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
	ndence concerning this matter	_		
	Delina M. Sears			
		Name of Person		
	Delina Maria's Contracting	, LLC		
		Firm/Company		
	7020 Mayfield Drive			
		Address		
	Port Richey, FL 34668			
		City/State and Zip Code		
	delinamariascontracting@g			_ . 5
		·	ort notification)	<u>.</u>
For further information c	oncerning this matter, please ca	ıll:		
Delina M. Sears			270	3
Name o	f Person		Daytime Telephone Nun	nber -
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certii d) Certii	ficate of Status & fied Copy
Mailing Addres Registration S Division of C	Section	Registratio	on Section	
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Delina Maria's Contracting, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on February 21, 2020 Florida document number _____L20000059558 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 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	Shadisha M. Robinson	5581 Southland Drive	
		Stone Mountain, GA 30087	■Remove
			□Change
MGR	GR Shaniqua R. Sears	1507 Allenton Avenue	□Add
		Brandon, FL 33511	=Remove
			□Change
MGR	Rachael S. Costly Lee	9500 CR190	□Add
		Manvel, TX 77578	■Remove
			□Change
MGR	GR Keva Chester	7451 Riviera Blvd	□Add
		Miramar, FL 33023	
			□Change
MGR	Delina M. Sears	7020 Mayfield Drive	■Add
		Port Richey, FL 34668	□Remove
			☐ Change
			
			□Remove
			□Change

		
		
		
Note: If the date in	other than the date of filing:	207 as
ne record specifies a ord is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	he
March 6	2020	
	 , 	
Dated	Olina M. Dears	
	Signature of a member or authorized representative of a member	