(Requestor's Name)
(Address)
(Address)
(Civ. (Create (7) - 17) - 20 - 40
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

DELTA HIRE LLC				
	•			Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
			_ <del></del>	Fictitious Name File  Trade/Service Mark
				- <del></del> -
			<del></del>	Merger File
				Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature	<del></del> .			Fictitious Owner Search
Ū				Vehicle Search
	<b>-</b> — <b></b> — — —	<del> </del>		Driving Record
Requested by:				UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
Hallic	Date	THE		UCC 11 Retrieval
Walk-In		)		Courier

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**DELTA HIRE LLC** 

(A Florida Limited I	Liability Company)					
The Articles of Organization for this Limited Liability Company	and assigned.					
Florida document number L20000095075		5				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company here:					
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	N4:am; 121 72171					
(Principal office address MUST BE A STREET ADDRESS)						
	2 South Biscayne Blvd., Suite 2600					
Enter new mailing address, if applicable:	Miami, FL 33131					
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the na	me of the new registered				
New Registered Office Address:	Enter Florida street address					
<del></del>	, Florida _	Zip Code				
New Registered Agent's Signature, if changing Registered Agent:						
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I an provided for in Chapter 605, F.S. O	n familiar with and r, if this document is				

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
CEO	Noelle Federico	2 South Biscayne Blvd., Suite 2600	
		Miami, FL 33131	□Remove
			□Change
			□Add
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ffective date,	if other that	n the date of	f filing:				(option	al)	
an effective date  Note: If the da									
locument's effe	ctive date on t	the Departme	nt of State	s records.	ic statutory ii	ining require	ments, tins e	iate will not be	. HSted a.
record specific	s a delayed ef	fective date, b	out not an e	ffective tim	e, at 12:01 a.i	n. on the ea	rlier of: (b)	The 90th day	after the
d is filed.	•								
Dated			•	)21	. <b>'</b>				
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		Signatur	ra afa mamb	er or authori	zed representa	tive of a mem	her		
		Signatu	e or a mem	cr or union					
Noe	lle Federico	Signatu	e or a mem	er or union	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

Filing Fee: \$25.00