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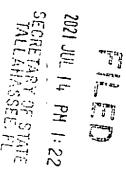
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Do	ELicas Boraca Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Joseph O.	Name of Person	
	DELICICIS	BORICUCIS Y M	<u>à</u> S
	2051 Abb	eylield Dr.	
	JACKSONUI	IE FL 33-0 C	<u>) </u>
		o be used for fiture annual report notif	
For further information of	oncerning this matter, please ca	dl:	
Joseph E Name of	Person GRON	at (904) 485 - Area Code Daytime	3485 Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DELicias Boricuas y	Mas LLC
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) oility Company)
	•
(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 April 23, 2000 and assigned Florida document number	
A. If amending name, enter the new name of the limited liabilit	v company here:
	<u> </u>
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the above virton "L.L.C."
Enter new principal offices address, if applicable:	·
(Principal office address MUST BE A STREET ADDRESS)	
	SS 7 7 77
	oin -
Enter new mailing address, if applicable:	
• • • • • • • • • • • • • • • • • • • •	
-	
	dress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	m

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	Joseph O. Negrow	8051 Abbeylield DR. JACKSONVILLE FL 30077	
			□Remove
			□Change
			DAdd
			□Remove
		<u>.</u>	□Change
		SECRETALLAH	
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			□Change
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			□Remove
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ctive date, if other the effective date is listed, the case. If the date inserted in ment's effective date or	this block does no	t meet the applicable	are ar mang an mane and		
ord specifies a delayed offiled.	effective date, but r	not an effective time,	at 12:01 a.m. on the	carlier of: (b) The	90th day after th
d July 12	th	2021			
	Signature of	a member of authorize	d representative of a mo	ember	
I		•			

Filing Fee: \$25.00