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COVER LETTER

TO: Registration Sectorial Division of Corp.			
SUBJECT: DeL	MAR ENTER Name of Line	Drise & Management, L	LC
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Mic	ChAEL HARRIS Name of Person	
	DelMAR E	Herpise & Management,	LLC
	P.D. Box	223382 Address	
		City/State and Zip Code	
	DelMAREN- E-mail address: (Herprise KLQ ATT. net	
For further information co	ncerning this matter, please ca	all:	
Michael Name of	HARRIS Person	at (954) 648-3543 Area Code Daytime Telephone Number	
Enclosed is a check for the	: following amount:		
₩ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee Certificate of \$t Certified Copy (additional copy is enclosed)	atus &
<u>Mailing Address</u> Registration S		Street Address: Registration Section	
Division of Co		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, F	L 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Delmar Enterprise & Management LLC

(Name of the Limited Liability Company as it now appears on dur records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number 420001230	y were filed on <u>05/06/202</u>	and assigned
This amendment is submitted to amend the following:		MADOCT 19
A. If amending name, enter the new name of the limited lial		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the a	bbreviation L.C.
Enter new principal offices address, if applicable:		~~ <u>~</u>
(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 agent and/or the new registered office address here:	address on our records, <u>enter the nai</u>	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida _	
	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 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	MANUEL SABILLON	14/1 Grant Street, Hollywood	1733020 17Add
			□Remove
MGR	Michael A Ryggiero	1411 GRANT Street, Hariyin	Change Change A 3302
			
MGR	ELLENA Smith	1411 Grant Street, Hollywa	EXILI
			□Remove
			Change
MGR_	Guy HARTAL	1411 Grant Street, Hollywood	17233020 17 17 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
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Note:	ive date, if other than the date of filing: 10/12/2025 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date whent's effective date on the Department of State's records.	
record is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The led.	90th day after the
Dated	10/12/2020	
	Signature of a member or authorized representative of a member	
	Michael HARRIS	
	44 1 1 1 - 5	