120000316133

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O SIMMONS OCT 0.1 2021

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	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:	
	Kevin de la Rosa		
		Name of Person	
	Dela Investment Group US	SA, LLC	
		Firm/Company	
	16 RainStone LN		
	-	Address	
	Palm Coast, Florida 32164		
		City/State and Zip Code	
	nova.group.tl@gmail.com		
	E-mail address: (to be used for future annual report not	ification)
For further information e	oncerning this matter, please co	all:	
Godfrey de la Rosa		at () 746-3891 Area Code Daytin	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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 S		Street Address: Registration Se	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

第21 Ser 22 AU 7: 09

Dela Investment Group, USA, LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company	were filed on $\frac{10/06/2}{2}$	2020	and assigned
Florida document number L20000316133			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the design	nation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>		
Principal office address MUST BE A STREET ADDRESS)			
			<u></u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a	address on our reco	rds, enter the name	of the new registere
agent and/or the new registered office address here:		-	
Name of New Registered Agent:	<u>.</u>		
New Registered Office Address:			<u>-</u>
·	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

1421 SE 22 AN 7:09

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Charmain Lovelace	8611 NW 11 CT. Pembroke Pines, Ft. 33024	= Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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		······	□Add
			□Remove
			□Change

	8.
	
factive data if other than the date of filir	ng: (antional)
in effective date is listed, the date must be specific ar	ng: (optional) nd cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.026
ote: If the date inserted in this block does not icument's effective date on the Department of	meet the applicable statutory filing requirements, this date will not be listed a State's records.
ecord specifies a delayed effective date, but no	ot an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
is filed.	
September 17	2021
ated	· · · · · · · · · · · · · · · · · · ·
Signature of a	a member or authorized representative of a member

Filing Fee: \$25.00