L200000343141

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

6/6/21

COVER LETTER

TO: Registration Section

Division of Corporations	
SUBJECT: The Dali Co	DELCE, LLC
The enclosed Articles of Amendment and fee(s) are submitted for Please return all correspondence concerning this matter to the form	
The Dali Co 211 Heatherwise Winter Spring	Address FL 32+08 State and Zip Code Gyahoo.com. do for future annual report notification)
	d for future annual report notification)
For further information concerning this matter, please call:	
Sohn lamayo Name of Person	at (42+) 45+1194 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
	55.00 Filing Fee & S60.00 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**

THE VALL CO	IFFEE,	11 C			
(Name of the Limited Liability Compa (A Florida Limited I					
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2000034314</u> 1	were filed on	0/28/202		and ass	igned
his amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab ARABICOL, LLC					
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the des	signation "LLC" or t	he abbrevia	ition "L.	L.C."
Enter new principal offices address, if applicable:	N/A				
Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·	· · ·	282	
			+ + + + + + + + + + + + + + + + + + + +	<u></u>	1 F
inter new mailing address, if applicable:	N/A			Y 12	emilia) j demen in pan
	7		: <u></u>	암	2 7 6 17 720 1
rincipal office address MUST BE A STREET ADDRESS nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)			- 11年)	2:	*12.0P*
			· — 4	σ	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our rec	cords, <u>enter the i</u>	name of	the nev	v register
Name of New Registered Agent:					
New Registered Office Address:		 			
	Enter Florid	la street address			
	796	, Florida	A	p Code	
New Registered Agent's Signature, if changing Registered Agent:	City		2.1	ριτοιικ	

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 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>	Name	Address		Type of Action
				🗆 Add
				□Remove
				Change
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				Remove
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Filing Fee: \$25.00