

7A 8 -

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DELTITO LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JORGE A. ORTEGA ISAZA

Name of Person

DELTITO LLC

Firm/Company

16385 BISCAYNE BLVD, UNIT 616

Address

NORTH MIAMI BEACH, FL 33160

City/State and Zip Code

MARCELA@PTAXAGENTS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARCELA CRUZ

954

305-3458

at ()

Name of Person

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 &
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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	JORGE A. ORTEGA ISAZA	16385 BISCAYNE BLVD, UNIT 616	<input checked="" type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ORPECO S.A.S.	16385 BISCAYNE BLVD, UNIT 616	<input checked="" type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JUANITA ORTEGA PEREZ	175 SW 7TH ST #2201	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33130	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SARA ORTEGA PEREZ	175 SW 7TH ST #2201	<input type="checkbox"/> Add
		MIAMI, FL 33130	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JORGE A ORTEGA ISAZA	175 SW 7TH ST #2201	<input type="checkbox"/> Add
		MIAMI, FL 33130	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

201 DEC 7 P 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2021 DEC -7 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7-11-61

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated NOVEMBER 24

2021

Signature of a member or authorized representative of a member

JORGE A. ORTEGA ISAZA

Typed or printed name of signee