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COVER LETTER

TO: Registration Division of	i Section Corporations		
SUBJECT:	Delicias del J	Japh L.L.C.	•
	Name of Lin	nited Liabiniy Company	
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.	
	spondence concerning this matter		
	Nilton H. Mori Marin		
	Delicias del Jirch, L.L.C.	Name of Person	
	2604 Giardino Loop	Firm/Company	
	Kissimmee, Florida 3474	Address	
	kingdom.investors@outloo		
		to be used for future annual report notifi	cation)
For further informatio Nilton H. Mori Marin	n concerning this matter, please c	all: 914 837-0941	
Name of Person		at () Area Code Daytime	Telephone Number
Enclosed is a check fo	r 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
<u>Mailing Add</u> Registratio		<u>Street Address:</u> Registration Sect	ion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

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

Deficias del Jiren, L.L.C.			
(<u>Name of the Limited L</u> (A F	iability Company as it no lorida Limited Liability Co	s appears on our recor mpany)	<u>(ds.)</u>
The Articles of Organization for this Limited Liabil Florida document number	ity Company were filed	d on July 23, 2021	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability comp	oany here:	2021 SEC
Not Applicable			SEP SEP
The new name must be distinguishable and contain the words	"Limited Liability Compan	y," the designation "LL	C" or the arthres jation
Enter new principal offices address, if applicable	: Not App	olicable	ASS.
<u>Principal office address MUST BE A STREET A</u>	DDRESS)		Fig
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		olicable	
3. If amending the registered agent and/or regist gent and/or the new registered office address he	tered office address of re:	n our records, <u>enter</u>	r the name of the new registe
Name of New Registered Agent:	ot Applicable		·
New Registered Office Address:			
	E	nter Florida street addre.	,55
_		, FI	lorida
	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 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>	Address	Type of Action
MGR	Mariella C. Palomino	2604 Grardino Loop Kissimmee, Florida 34741	
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	e date inserted in this i	plock does not i	meet the applica	able statutory filir	ig requirements, thi	r ming.) Pursuant to 605. is date will not be liste	.0207 2d-as
<u>ote.</u> 13 11	effective date on the	Department of S	State's records.				
<u>ote.</u> 13 11							
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ocument':	cifies a delayed effect	ive date, but not	t an effective tit	me, at 12:01 a.m.	on the earlier of: (1	b) The 90th day after	the
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record spaces filed.	ust 20	Signature pro	2021	rized representative		b) The 90th day after	the

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