121000336238

| (Requestor's Name) | |
|---|----------------|
| (Address) | 300371725 |
| (Address) | |
| (City/State/Zip/Phone #) | |
| (Business Entity Name) (Document Number) | 08/16/21010280 |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
| | |
| | |

Office Use Only



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COVER LETTER

Registration Section Division of Corporations

TO:

| DALET SUBJECT: | H INVESTMENT LLC | | |
|---|---|---|--|
| 30B3EC1 | Name of Lim | ited Liability Company | |
| The enclosed Articles o | of Amendment and fee(s) are sub | omitted for filing. | |
| | pondence concerning this matter | | |
| | GRISLY D JUAREZ | | |
| | | Name of Person | <u> </u> |
| | DALETH INVESTMENT | LLC | |
| | | Firm/Company | |
| | 42 NW 6TH AVE | | |
| | | Address | |
| | HOMESTEAD FL 33030 | | |
| | | City/State and Zip Code | |
| | catamiranda31@icloud.com | n | |
| | E-mail address: (| to be used for future annual report notifica | ition) |
| For further information | concerning this matter, please c | all: | |
| GRISLY D JUAREZ | | 786 752-1675 at () | |
| Name | of Person | | elephone Number |
| Enclosed is a check for | the following amount: | | |
| ■ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Cerclifed Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addr Registration Division of P.O. Box 63 Tallahassee | Section Corporations 27 | Street Address: Registration Section Division of Corpo The Centre of Tall 2415 N. Monroe S Tallahassee, FL 32 | rations lahassee Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| DALETH INVESTMENT LLC | | |
|---|--|------------------------------|
| (Name of the Limited Liabil (A Florid | ity Company as it now appears on our records.) a Limited Liability Company) | , |
| The Articles of Organization for this Limited Liability (| Company were filed on JULY 26, 2021 | and assigned |
| Florida document number L21000336238 | · | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | nited liability company here: | |
| The new name must be distinguishable and contain the words "Lir | nited Liability Company," the designation "LLC" o | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADD. | RESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | • | |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | ed office address on our records, enter th | ne name of the new regist |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| - | Enter Florida street address | |
| | , Flor | |
| | 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> | <u>Address</u> | Type of Action |
|--------------|--------------------------------|----------------------|----------------|
| AMBR | Domingo Leonidas Miranda Perez | 28501 SW 158th Court | ≣ Add |
| | | Homestead, FL 33030 | □Remove |
| | | | Change |
| AMBR Em | Emery Isabel Fuentes Juarez | 30231 SW 172nd Court | |
| | | Homestead, FL 33030 | ⊡Remove |
| | | | Change |
| | | | □Add |
| | | | |
| | | | □ Change |
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| F fforti | ive date if othe | r than the date o | f filing: | | | (ontional) | |
| Note: | If the date inserte | the date must be speced in this block doe to on the Departme | s not meet the ap | plicable statutor | ig or more than 90 y filing requirer | days after filing, nents, this date |) Pursuant to 605.0207 will not be listed as |
| e recore rd is fil | | yed effective date, t | out not an effectiv | e time, at 12:01 | a.m. on the ear | rlier of: (b) Th | e 90th day after the |
| | August 11 | | , 2021 | · | | | |
| Dated . | | | | | | | |
| Dated . | <u> 6115</u> | 17 Juare | 2 | Turi 201 - 4 | | 11.—— | |