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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

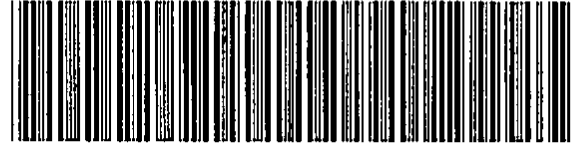
(Business Entity Name)

(Document Number)

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2021 NOV 15 PM 12:31
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A. BUTLER
DEC - 1 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DLafaya 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:

Darphine Snell

Name of Person

DLafaya LLC

Firm/Company

3291 NW 183rd Street

Address

Miami Gardens, FL 33056

City/State and Zip Code

DLafaya@aol.com

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

For further information concerning this matter, please call:

Darphine Snell at () 305 505-2411

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

DLafaya LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2021 NOV 15 PM 12:31

The Articles of Organization for this Limited Liability Company were filed on 10/26/2021 and assigned Florida document number LL21000465812.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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 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 add 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	Darphine Snell		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
President	Darphine Snell		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

Please change title to MGR the adress will remain the same.

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 10, 2021

Signature of a member or authorized representative of a member

Darphine Snell

Typed or printed name of signee

PHONE: 305-505-2411

STREET ADDRESS: 3291 NW 183rd St

CITY, STATE, ZIP: Miami Gardens, FL 33056

FAX:

FAX COVER SHEET

TO: Florida Department OF State FROM: Darphine Snell

FAX:

NUMBER OF PAGES: 7

30

PHONE NUMBER:

305-505-2411

DATE:

November 10, 2021

RE:

Change title to MGR

CC:

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY

COMMENTS:

Change title from President to MGR