[18/000/8/148

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
N 7
PICK-UP WAIT MAIL
(0)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500376180355

11/29/21--01001--004 **25.00

2021 NOV 24 PH 3: 02

FILED

3

2021 NOV 24 PN 2: 54

ALLAHASSEELITA

QEVENER

C. BRUMBLE.

COVER LETTER

Tallahassee, FL 32314

TO: Registration Sec Division of Corp	ction porations		
SUBJECT: DE	L Courie exp	Press LLC	
50 BOLC 11	Name of Limi	ted Liability Company	
			•
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	A	dam Outten	
	9163 ave	Pointe Circle	107 Orlando Fi
		Address	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	leation)
For further information co	oncerning this matter, please ca	all:	
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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 Addres</u> Registration S Division of C	Section	<u>Street Address:</u> Registration Sec Division of Cor	porations
P.O. Box 632		The Centre of T	fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appear on our records.) (A Florida Limited Liability Company)	
e Articles of Organization for this Limited Liability Company were filed on 11-8-3 and assigned orida document number 130047148.	
is amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company here: DEL COUPLEY EXPLES LLC There were name must be distinguishable and dontain the words "Limited Liability Company," the designation "LLC" on the abbreviation "E.C."	
iter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable: Address MAY BE A POST OFFICE BOX	
If amending the registered agent and/or registered office address on our records, enter the name of the new registere ent and/or the new registered office address here:	<u>·d</u>
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 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

Title	<u>Name</u>	Address	Type of Action
MGR	Sandra Outten	9163 ave Pointe Circle	
		107 Orlando, FL	DKemove
	Λ σ	32821	□Change
AMBR	Adam Outten	9163 ave Pointe Circle	
		107 Orlando FL	Remove
		32821	
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
_	· -
-	
-	
-	
-	
-	
-	·
•	
-	
-	
-	
_	
(If an elf Note:	(optional) ective date, if other than the date of filing: (optional) ective 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 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records
the recor	d 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 led.
Dated	11-24-21. A.
	40
	Signature of a member of a member

Filing Fee: \$25.00