L22000025037

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

029 MAY 31 AM II: 1:



COVER LETTER

TO: Registration Se Division of Cor		·	
DELGADO SUBJECT:	D'S FINCA LLC	1,44	
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOSE DELGADO		
		Name of Person	
		Firm/Company	
	6900 NW 77 TERR		
		Address	
	MEDLEY, FL 33166		
		City/State and Zip Code	
	JVILLAR@VILLARCPA.(E-mail address: (COM to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
JOSE VILLAR		305 448-1648	
Name o	f Person		e Telephone Number
Enclosed is a check for the	he 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 Addres</u> Registration		Street Address: Registration Sec	ction
Division of C		Division of Cor	porations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

DELGADO'S FINCA LLC

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

(A Florida Limi	ited Liability Company)		
The Articles of Organization for this Limited Liability Comp Florida document number 1.22000025037	oany were filed on 01/11/202	22	and assigned
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 I	Liability Company," the designation	on "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	Tice address on our records	Ĺ	SECRETARY 31 Aw registered TALLIAH SECRETARY OF the new registered TALLIAH SECRETARY OF THE PROPERTY OF THE PR
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stree	et address	
		, Florida	
	City	<u></u>	Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:		

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>	Address	Type of Action
MGR	DELGADO, ANTHONY	6900 NW 77 TERR	
		MEDLEY, FL 33166	
			☐Change
MGR	DELGADO, JOSE	6900 NW 77 TERR	■Add
		MEDLEY, FL 33166	Remove
			□Change
		·	□Add
		-	□Remove
			□Change
			□Add
			□Remove
		 	
		·	□ Add
		456	□Remove
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Filing Fee: \$25.00