Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

7-Jun-2022 13:20

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SOSME ACCOUNTING & TAX SERVICES LLC

Account Number : I20200000102 Phone : (954)998-1035 : (954)573-1480 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DIDELPA, LLC

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JUN - 7 2022

K. Brumbley

TO:

Registration Section

p.3

## **COVER LETTER**

Division of Cor	porations		
DIDELPA SUBJECT:			
50 <b>5</b> 0€C1.		ited Liability Company	**************************************
m			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling,	
Please return all correspo	ondence concerning this matter	to the following:	
	GABRIELA FREIRE TR	ECCHANICAI	
	——————————		
		Name of Person	
	DIDELPA LLC		
		Firm/Company	
	11666 SW 13TH LANE		
		Address	<del></del>
		75001033	
	PEMBROKE PINES FL 3	13025	
	<u></u>	City/State and Zip Code	
	gabriela.freire@dbebes.com		
	E-mail address: (	to be used for future annual report no	otification)
For further information c	oncerning this matter, please c	all:	
GABRIELA FREIRE T	RESCHZANSKI	305 8339404	
Nume of Person		at ( Dayti	me Telephone Number
Enclosed is a check for the	a Callanian name		
	-		_
□ \$25.00 Filing Fee	Signature of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
	Certificate (ii shartis	(additional capy is enclosed)	Certified Copy
			(additional copy is enclosed)
Mailing Addres	is:	Street Address:	
Registration S	Section	Registration S	
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIDELPA LLC		
(Name of the Ism	ied Liability Company as it now appears on our a (A Florida Limited Liability Company)	eçords.)
The Articles of Organization for this Limited I. Florida document number 122000044142	Liability Company were filed on 02/04/2022	and assigned
This amendment is submitted to amend the fol-	lowing:	
A. If amending name, enter the new name of	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 appli	cable:	
(Principal office address MUST BE A STREE	ET ADDRESSI	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and/or agent and/or the new registered office addresses and the second		enter the name of the new registered
Name of New Registered Agent:	GABRIELA FREIRE TRESCHZANSKI	
New Registered Office Address:	11666 SW 13TH LANE	F1-7
	Enter Florida street i	address 📔 📴 🗒 🗟
	PEMBROKE PINES	, Florida 33025
New Registered Agent's Signature, if changing	City Registered Agent:	Florida 33025
I hereby accept the appointment as register provisions of all statutes relative to the prop	ed 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

7-Juin-2022 13:22 Fax 19545731480 p.5

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	GABRIELA FREIRE TRESCHZANSKI	11666 SW 13TH LANE	□Add
		PEMBROKE PINES, FL 33025	□Renxove
			■ Change
			CIAdd
			□Remove
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ective date, if other than n effective date is listed, the date te: If the date inserted in the cument's effective date on the	is block does not mee	t the applicable sta	filling or more than 90 c tutory filling requireme	_(optional) lays after filing.) Pursuant to ents, this date will not be	n 605 036 : listed .
cord specifies a delayed effe s filed.	ective date, but not an	effective time, at 1	2:01 a.m. on the earli	er of: (b) The 90th day	after th
s meu.					
ILINE 3	:	2022			
		2022			

Typed or printed name of signer