K22000111114

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22 MAR 30 PM 3 29

T. MATTHEWS APR 1 2 2022

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

DELA ROS	SA SOD LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ADRIAN DELA ROSA JE	₹	
	<u></u> .	Name of Person	
	DELA ROSA SOD LLC		
		Firnt/Company	
	3318 DOWNING DR		
		Address	
	WIMAUMA, FL 33598		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	fication)
For further information c	oncerning this matter, please co	all:	
ADRIAN DELA ROSA	JR	at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne 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		Street Address:	otion
Registration Section Division of Corporations		Registration Sec Division of Cor	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



DELA ROSA SOD LLC

company has been notified in writing of this change.

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

The Articles of Organization for this Limited Liability Con Florida document number <u>L22000111114</u>		and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company here:			
The new name must be distinguishable and contain the words "Limited	d Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE.	<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 of agent and/or the new registered office address here:	office address on our reco	ds, enter the name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida :	Enter Florida street address		
	City	, Florida Zip Code		
New Registered Agent's Signature, if changing Registered A	- · •	zip Couc		
I hereby accept the appointment as registered agent an		acity I further garee to comply with the		
provisions of all statutes relative to the proper and con	aplete 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

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	ADRIAN DELA ROSA JR	3318 DOWNING DR	□Add
		WIMAUMA, FL 33598	□Remove
			≘ Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
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E. Effective data if other than the	a data of filing.		(ontional)	
E. Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	lock does not meet the appli	cable statutory filing req	an 90 days after filing.) Pursuant tuirements, this date will not be	o 605.0207 (3)(i e listed as the
f the record specifies a delayed effective cord is filed.	ve date, but not an effective	time, at 12:01 a.m. on the	e earlier of: (b) The 90th day	after the
Dated MARCH 24	2022			
Och in	Signature of a member or auti			_
	Signature of a member or aut	horized representative of a r	nember	-
ADRIAN DELA ROSA	A 1D			

Typed or printed name of signee