

W22000168081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

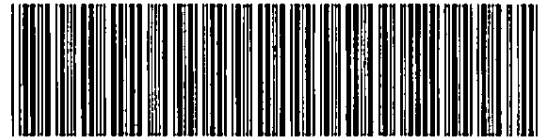
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2022 AUG -1 AM 10:39

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations
DEL LAGO WAY LLC**

SUBJECT: _____
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:

SVETLANA GERACHSHENKO

Name of Person

DEL LAGO WAY LLC

Firm/Company

17W201 Hillside Ln

Address

Willowbrook, IL 60527

City/State and Zip Code

dellagoway@yahoo.com

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

For further information concerning this matter, please call:

Svetlana Gerachshenko

773

837-7330

Name of Person at (_____) _____
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**

2022 AUG -1 AM 10:39

DEL LAGO WAY LLC

(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 Company were filed on 04/07/2022 and assigned Florida document number L22000168081.

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 added 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	DALJUS BUDAS	306 CEDARBROOK RD, NAPERVILLE, IL 60565	<input checked="" type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 24, 2022

SVETLANA GERACHSHENKO
DEL LAGO WAY LLC
17W201 HILLSIDE LN
WILLOWBROOK, IL 60527

Re: Document Number L22000168081

The Articles of Amendment to the Articles of Organization for DEL LAGO WAY LLC, a Florida limited liability company, were filed on August 1, 2022.

The certification you requested is enclosed.

Should you have any questions regarding this matter, please telephone (850) 245-6051, the Registration Section.

Sean Toner
Director
Division of Corporations

Letter Number: 622A00023770

State of Florida



Department of State

I certify from the records of this office that ~~DEL LAGO WAY, LLC~~, is a limited liability company organized under the laws of the State of Florida, filed on April 7, 2022, effective April 7, 2022.

The document number of this company is ~~L22000168081~~.

I further certify that said company has paid all fees due this office through December 31, 2022, and its status is active.



Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-fourth day of October, 2022




Cord Byrd
Secretary of State

State of Florida



Department of State

I certify the attached is a true and correct copy of Articles of Amendment, filed on August 1, 2022, to the Articles of Organization for DEL LAGO WAY LLC, a Florida limited liability company, as shown by the records of this office.

The document number of this limited liability company is L22000168081.



Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the twenty-fourth day of October, 2022




Cord Byrd

Secretary of State

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

FILED

DEL LAGO WAY LLC

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(A Florida Limited Liability Company)

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(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.

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AMBR = Authorized Member

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_____	_____	_____	<input type="checkbox"/> Remove

