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TO:

TO: Registration Se Division of Cor				
DELPRO, L	LLC	4		
SUBJECT:	4ª	·		•
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	endence concerning this matter	to the following:		
	ANDREA F. DONOSO			
	-	Name of Person		
	TRADING USA, LLC	Name of Person G USA, LLC Firm/Company SHINGTON AVE, STE 213 City/State and Zip Code xciosenusa.net E-mail address: (to be used for future annual report notification) s matter, please call: 786 3429400 at (
·		Firm/Company	·	
	1210 WASHINGTON AVE	E, STE 213		NESS W
	•	Address		(a) (b)
	Name of Limited Liability Company Name of Limited Liability Company ticles of Amendment and fee(s) are submitted for filing, correspondence concerning this matter to the following: ANDREA F. DONOSO Name of Person TRADING USA, LLC Firm/Company 1210 WASHINGTON AVE, STE 213 Address MIAMI BEACH, FL 33139 City/State and Zip Code info@negociosenusa.net E-mail address: (to be used for future annual report notification) Tradion concerning this matter, please call: DNOSO 786 Area Code Daytime Telephone Number ag Fee \$30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) g Address: Tration Section Tradion Corporations The Centre of Tallahassee			
	info@negociosenusa.net	City/State and Zip Code		15 (2) E
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	concerning this matter, please c			
ANDREA F. DONOSO				
Name o	f Person		e Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee		Certified Copy	Certifica Certified	te of Status & Copy
Mailing Addres			ction	
-				
P.O. Box 632	•			
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 8	10

Tallahassee, FL 32303

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DELPRO, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our recommitted Liability Company)	erds.)
The Articles of Organization for this Limited Liability Con Florida document number	mpany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		9 189
Principal office address MUST BE A STREET ADDRE	<u> </u>	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		<u> </u>
Enter new mailing address, if applicable:		70 70 1
(Mailing address MAY BE A POST OFFICE BOX)		FLOS GOVERNMENT OF THE PROPERTY OF THE PROPERT
B. If amending the registered agent and/or registered or agent and/or the new registered office address here:	office address on our records, ent	er the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	lress
		Florida
	Cuy	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>	Type of Action
AMBR	URRA BUSTOS, VICTOR MANUEL	AVENIDA BOSQUES DE MONTEMAR 30 VINA DEL MAR, VALPARAISO, CL 25200-00 CL	
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an effective date is	other than the da listed, the date must be	specific and car			nore than 90 days a		
	nserted in this block ve date on the Depa			le statutory filis	ig requirements,	this date will not	be listed a:
is filed	delayed effective d				on the earlier of	(b) The 90th d	ay after the
ated <u>Augi</u>	ust 19	· · · · · · · · · · · · · · · · · · ·	2022				

Typed or printed name of signee