## L22000 395195

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Sharon Delugue LC 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:
Sharon Deluque Name of Person
Sharon Delugue UC Firm/Company
1931 Chiquita Blvd S
Cape Coral, 33991  City/State and Zip Code  CAM CUCTOTO Print Remail
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Paula Sle3er at (786) 858 - 6093  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Status Solutional copy is enclosed) □ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee Certified Copy (certified Copy (additional copy is enclosed)
Mailing Address:  Registration Section  Street Address:  Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

Sharon D	eluque UC	
(Name of the Limited L (A F	ability Company as it now appears on our records.) lorida Limited Liability Company)	~
The Articles of Organization for this Limited Liabil Florida document number <u>L22 000 375 195</u>	ity Company were tiled on <u>QQ- QQ- 22</u>	and assigned
This amendment is submitted to amend the following	वि:	7 All
A. If amending name, enter the new name of the	limited liability company here:	0.0
Sharon Delugue	AVT UC	O
		he abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or regist agent and/or the new registered office address he	rered office address on our records, <u>enter the trees</u> :	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
~_		
and a mendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  Shayon Delugue Att Lic e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation there new principal offices address, if applicable:  rincipal office address MUST BE A STREET ADDRESS)  If amending the registered agent and/or registered office address on our records, enter the name of the ent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida street address	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 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
AMBR	Ano De Luque	2619 NW 134h St. Cape Coral	_ Z∕Add 3 <i>34</i> 93
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			_ Change
M6R	Paula Slezer	346 champion Ring VD, For MY	er i fi 53 les _ Eadd
			_ □Remove
			_ LJChange
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