

L22000445989

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (950)617-6383

From:

Account Name : CONTADORMIAMI.COM INC
Account Number : 12020000130
Phone : (954)345-7888
Fax Number : (786)713-1940

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 AGM DELTA LLC

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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K. SALY
JUL 19 2023

FILED
2023 JUL 19 PM 10:20
TALLAHASSEE, FLORIDA

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

AGM DELTA LLC

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

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 2023 JUL 19 PM 10:21
 TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/17/2022 and assigned
 Florida document number L22000445989

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

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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>
MBR	MAFFRAND, GUSTAVO A	1864 ANDROMEDA LN	<input type="checkbox"/> Add
		WESTON 33327 UN	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ENRICH, GERMAN D	1864 ANDROMEDA LN	<input type="checkbox"/> Add
		WESTON, FL 33327	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	MAFFRAND, ANDRES A	1864 ANDROMEDA LN	<input type="checkbox"/> Add
		WESTON, FL 33327	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input 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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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