## L23000013203

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Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

Registration Section

**Division of Corporations** 

Tallahassee, FL 32314

TO:

	FINANCIAL SERVICES LLC		
SUBJECT:	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub	_	
rease return an correspo	ondence concerning and matter	to the following.	
	YUMILIXY DEL SOL		
		Name of Person	
		Firm/Company	
	14566 SW 280TH ST102		
		Address	<del></del>
	HOMESTEAD, FL 33032		
		City/State and Zip Code	2023 F *SEUC *TAL
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report noti:	2023 FEB 17 AM 8: 59 SECTION STATE TO SEE FUE Trace Number U
Name o	of Person	at () Area Code Daytimo	Telephone Number 1 2 5
Enclosed is a check for the	he following amount:		
图 \$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 S	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DELESOL FINANCIAL SERVICES LLC		
( <u>Name of the Limited Liability Company :</u> (A Florida Limited Liab	is it now appears on our records.) dity Company)	
The Articles of Organization for this Limited Liability Company we	re filed on HOMESTEAD	and assigned
lorida document number L23000013203		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liability	company here:	
he new name must be distinguishable and contain the words "Limited Liability G	Company," the designation "LLC" or the abbr	eviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	1/h	2023
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nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
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3. If amending the registered agent and/or registered office add gent and/or the new registered office address here:	ress on our records, <u>enter the name</u>	of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	

## 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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Address	Type of Action
MGR	YUMILIXY DEL SOL	14566 SW 280TH ST102	□Add
		HOMESTEAD, FL 33032	≣Remove
			☐Change
AMBR	YUMILIXY DEL SOL	14566 SW 280TH ST102	<b>≣</b> ∧dd
		HOMESTEAD, FL 33032	□Remove
			Change
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ffective date, if other than an effective date is listed, the date of the date inserted in the date inserted in the date of th	e must be specific a his block does not the Department of	and cannot be prior t meet the applica f State's records.	able statutory fili	nore than 90 days a ng requirements,	this date will r	ot be listed a
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·	Signature of	a member or autho	rized representativ	e of a member		<del></del>
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