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(Requestor's Name)
(Address)
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## **COVER LETTER**

TO: Registration Division of C	Section		٠
SUBJECT:	DEL SUR GROUP MIAMI L	LC	
30b0ECT.	Name of L	imited Liability Company	
The enclosed Articles	of Amendment and fee(s) are s	ubmitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
	RONNY ABI	ENHAIM	
		Name of Person	
	DEL SUR GROUP M	IAMI LLC	
		Firm/Company	<del></del>
	20505 E COUNTRY (	CLUB DR APT 1732	
		Address	
	AVENTURA, F	L 33180	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	ronny@delsu	•	
For further information	E-mail address: concerning this matter, please (	(to be used for future annual report no	tification)
RONNY ABENHAII			
	of Person	at (786 )281-7669 Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
凶 \$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 Addres Registration S		Street Address:	ation.
Division of C		Registration Se Division of Cor	
P.O. Box 632	7	The Centre of 7	Tallahassee
Tallahassee, I	FL 32314		e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEL SUR GROUP MIAMI LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea liability Company)	rs on our records.)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	FE8RUARY 15, 2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company h	ere:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the	designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			023 HJ
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our s	ecords, enter the nam	IN TO PH 3: 02
New Registered Office Address:	Enter Flo	rida street address	
		, Florida	
	City	, คเอศเฉม	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.

11 : mending 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	RONNY ABENHAIM	20505 E. COUNTRY CLUB DR APT 1732	(XAdd
		AVENTURA, FL 33180	□Remove
			🗆 Add
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			□Change SECRU
			Change Change SECRETARYOF STATE TALLAHAM SEE. THE
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an etfe	ve date, if other than the date of filing:	207 (
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed int's effective date on the Department of State's records.	d as t
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record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
l is file		
ated		
	Signature of a member or authorized representance of a member	
	RONNY ABENHAIM	

Filing Fee: \$25.00