L23000105153

(Red	questor's Name)	
(Add	dress)	
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то:	Registration Se Division of Cor		•	№ >
SUBJE		O SERVICES LLC		
SUBJE.	.cr:	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please 1	return all correspo	ndence concerning this matter	to the following:	
		Sylmar Sanchez-Rivera		
			Name of Person	
			Firm/Company	
		10430 Henbury St.		
			Address	
		Orlando, FL 32832		
		deltaprosveslle@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For furt	ther information c	oncerning this matter, please c	all:	• •
Sylmar	Sanchez Rivera		910 527-9530 at ()_	:
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$25	5.00 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	s:	Street Address:	
	Registration S		Registration Sec	ction
	Division of C		Division of Com	

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

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Delta Pro Services LLC	
(<u>Name of the Limited Liability Company as it r</u> (A Florida Limited Liability C	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fi	led on 02/28/2023 and assigned
Florida document number L23000105153	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	~
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	The state of the s
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, enter the name of the new register
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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Manuel Martinez	10382 blue plume ct	= Add
	•	riverview, fl 33578	□Remove
			□Change
			□ Add
			□ Remove
			☐ Change
			Remove
		 	
			□Add
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			□Change
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			□ Remove
			Change
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			□ Remove
			□Change

	~- <u>3</u>
Effec	tive date, if other than the date of filing: (optional)
(lf an ef	tive date, if other than the date of filing: (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	nent's effective date on the Department of State's records.
he reco ord is f	rd 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 filed.
Dated	
Date	
	Signature of a member of authorized representative of a member

Typed or printed name of signee