

# L23000108989

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

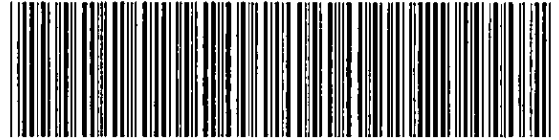
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 SEP -5 AM 11:41  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

*al*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 14, 2023

RICARDO LAVIERI PLANAS  
GRUPO DL LLC  
847 MY PLEASANT DR  
OCOE, FL 34761 US

SUBJECT: GRUPO DL LLC  
Ref. Number: L23000108989

We have received your document for GRUPO DL LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Antoinette A Gonzalez  
Regulatory Specialist II

Letter Number: 023A00018588

FILED

2023 SEP -5 AM 11:41  
TALLAHASSEE, FL  
DIVISION OF STATE

SEP 05 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GRUPO DL LLC

\_\_\_\_\_  
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:

RICARDO LAVIERI PLANAS

\_\_\_\_\_  
Name of Person

GRUPO DL LLC

\_\_\_\_\_  
Firm/Company

847 MT PLEASANT DR

\_\_\_\_\_  
Address

OCOOEE, FL 34761

\_\_\_\_\_  
City/State and Zip Code

LEROINGROUP@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

FILED  
2023 SEP -5 AM 11:41  
TALLAHASSEE, FL

For further information concerning this matter, please call:

RICARDO LAVIERI PLANAS

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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 Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

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**

GRUPO DL LLC

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

The Articles of Organization for this Limited Liability Company were filed on 03/01/2023 and assigned  
Florida document number L23000108989.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(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:

N/A

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 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>
AMBR	RICARDO LAVIERI PLANAS	847 MT PLEASANT DR	<input type="checkbox"/> Add
		OCOE, FL 34761	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PEDRO D LIMA	847 MT PLEASANT DR	<input checked="" type="checkbox"/> Add
		OCOE, FL 34761	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOSE LAVIERI	847 MT PLEASANT DR	<input checked="" type="checkbox"/> Add
		OCOE, FL 34761	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

FILED  
2023 SEP 25 AM 11:42  
TALLAHASSEE, FL  
CLERK OF DISTRICT COURT

2023 SEP -5 AM 11:42  
SCOTT COUNTY STATE  
TALLAHASSEE, FL

FILED  
2023 SEP -5 AM 11:42  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

(If an effective 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 605.0207 (3)(b)

If the 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 record is filed.

08/28

2023

Signature of a member or authorized representative of a member

RICARDO LAVIERI PLANAS

Typed or printed name of signee

**Filing Fee: \$25.00**