L23000190568

(7)		
(Requ	uestor's Name)	
(Addr	ress)	
(Addı	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nan	ne)
(Doci	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	
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RECEIVED

A BUILLY APR 2 8 2023

TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243	
Please use funds from this account: 120210000 Authorization Signature: 120210000 Dalaia Investments LLC. 123000190568 Business Name Doc. # Certified Copy of	160 <u>\$ 25.00</u>
Certificate of Status	
NEW FILINGS A	<u>MENDMENTS</u>
Profit CorpNot for ProfitOfficer/DirectorLimited LiabilityDomesticationOtherCORPLLLP	X _Amendment _ Resignation of R.A Change of Registered Agent _ Revocation of Dissolution _ Merger _ Conversion _ Amended and restated Articles _ Statement of Authority
OTHER FILINGS REGISTRAT	ΓΙΟΝ/QUALIFICATIONS
Annual Report Fictitious Name	_ Foreign filing Limited Partnership Reinstatement
APOSTILLEOtl	her

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

EXAMINER'S INITIALS:____

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of C	orporations			
Dalaia In	vestments LLC			
SUBJECT:				
	Name of Lin	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing		
Please return all corres	pondence concerning this matter	to the following:		
	Somalis Medrano			
		Name of Person		
	Dalaia Investments LLC			
		Firm/Company		
	12323 sw 55th st suite 100	5		
		Address		
	Cooper City, Fl 33330			
	City/State and Zip Code			
	dalaiainvestments@gmail.c			
	E-mail address:	(to be used for future annual report notif	fication)	
For further information	concerning this matter, please of	all·		
Somalis Medrano		954 9933443		
Bomans Modrato				
Name	of Person	at () Area Code Daytim	e Telephone Number	
Enclosed is a check for t	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 Addre	ss:	Street Address:		
Registration		Registration Se	ection	
Division of C	=	Division of Co		
P.O. Box 632	27	The Centre of	Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION **OF**

Dalaia Investments LLC	:'}		
(Name of the Limited Liability Cor	Ompany as it now appears on our records.)/U/3		
(7.1101104 331111	ompany as it now appears on our records.) 2023: 25 PH 12: 50		
The Articles of Organization for this Limited Liability Compa			
Florida document number	7 7		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited I	liability company here:		
The new name must be distinguishable and contain the words "Limited L	Liability Company," the designation "LLC" or the abbreviation "L.L.C."		
	12323 sw 55th st suite 1005		
Enter new principal offices address, if applicable:	Cooper City, FI 33330		
Principal office address MUST BE A STREET ADDRESS	5)		
	12323 sw 55th st suite 1005		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)	Cooper City, FI 33330		
. If amending the registered agent and/or registered offi	fice address on our records, <u>enter the name of the new regi</u>		
gent and/or the new registered office address here:			
gent and/or the new registered office address here:			
gent and/or the new registered office address here: Name of New Registered Agent:			
Name of New Registered Agent: 12323 sw 55	55th st suite 1005		
gent and/or the new registered office address here: Name of New Registered Agent:	55th st suite 1005 Enter Florida street address		
Name of New Registered Agent: 12323 sw 55	Enter Florida street address		

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>	Address	Type of Action
MGR	Somalis Medrano	12323 sw 55th st suite 1005	⊟ Add
		Cooper City, Fl 33330	□Remove
			Change
			DAdd
			□ Remove
			Change
			□Remove
			Change
	· · · · · · · · · · · · · · · · · · ·		□Add
			□ Remove
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Note: If the	date, if other than to the date is listed, the date he date inserted in this is effective date on the	s block does no	t meet the applic	cable statutory tili	(option nore than 90 days after fing requirements, this	nal) iling.) Pursuant to 605.0207 date will not be listed as
record sp d is filed.	ecifies a delayed effec	ctive date, but n	ot an effective t	ime, at 12:01 a.m	on the earlier of: (b)	The 90th day after the
	5/2023		_,	•		
		Signature of	a member or auth	orized representativ	e of a member	
,	Somalis Medrano	Signature of	a member or auth	orized representativ	e of a member	

Filing Fee: \$25.00