

L23000267414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

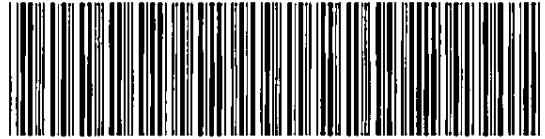
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DULIZIA, 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:

UMBERTINA DULIZIA
Name of Person

DULIZIA, LLC
Firm/Company

101 OLD FERRY ROAD 9C
Address

SHALIMAR, FL 32579
City/State and Zip Code

MPUCCINO91@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

UMBERTINA DULIZIA at (509) 703 0957
Name of Person Area Code Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FL

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Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

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	UMBERTINA DULITIA	101 OLD FERRY ROAD	<input checked="" type="checkbox"/> Add
		SHALIMAR, FL 32579	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NUORENA MANNUCCI	1184 FRENCH QUARTER WAY	<input type="checkbox"/> Add
		FORT WALTON BEACH, FL 32547	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	UMBERTINA DULITIA	101 OLD FERRY ROAD	<input type="checkbox"/> Add
		SHALIMAR, FL 32579	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NUORENA MANNUCCI	1184 FRENCH QUARTER	<input type="checkbox"/> Add
		FORT WALTON BEACH	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(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.

Dated August 17th, 2023

Signature of a member or authorized representative of a member

IMBERTINA DULIZIA
Typed or printed name of signee

Filing Fee: \$25.00