## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : WF TAXES AND MORE INC.

Account Number : 1202000000043 Phone : (772)879-0010 Fax Number : (772)281-5520

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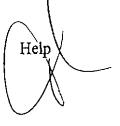
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DELMITA, LLC

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## COVER LETTER

|             | Registration S<br>Division of Co  |   |  |          |
|-------------|---|---|--|----------|
|             | DELMITA   | s, LLC                                    |  |          |
| SUBJEC      | .1:   | Name of Lin                               | nited Liability Company  |          |
| <b></b> 1   |   |   |  |          |
|             |   | Amendment and fec(s) are sub              | -  |          |
| r icase re  | tam an correspo   | ondence concerning this matter            | to the following:  |          |
|             |   | ANA CABAL                                 |  |          |
|             |   | •   | Name of Person   |          |
|             |   | DELMITA, LLC                              |  | 7        |
|             |   |   | Firm/Company   | 100 4707 |
|             |   | 17045 S W 81 CT                           |  |          |
|             |   |   | Address  | ,        |
|             |   | PALMETTO BAY, FL 33                       | 157  |          |
|             |   |   | City/State and Zip Code  |          |
|             |   | wflaxes.office@gmail.com                  | i,   |          |
| For furth:  | er information c  | concerning this matter, please of         | to be used for future annual report notification)  |          |
| ANA CA      |   | one of the second of the second of        |  |          |
|             |   | f Person                                  | 772 879-0010 · · · · · · · · · · · · · · · · · ·   | ŕ        |
|             | Maine o   | i retson                                  | Area Code Daytime Telephone Number   |          |
| Enclosed    | is a check for ti   | ne following amount:                      |  |          |
|             | 00 Filing Fee   | S30,00 Filing Fee & Certificate of Status | ☐ S55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)        |          |
| ]<br>]<br>] | Mailing Addres<br>Registration S<br>Division of C<br>P.O. Box 632<br>Fallahassee, I | Section<br>Porporations<br>7              | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |          |

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ited Liability Company as it ac<br>(A Florida Lunited Liability Co | w appears on our records.)<br>mpany)   | <del></del>   |
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| iability Company were file   | d on 11/02/2023  | and assigned  |
| lowing:  |  |   |
| of the limited liability com                                       | pany here:   | 2024  |
| words "Limited Liability Compar                                    | y," the designation "LLC" or   | the abbreviation "LLG"  |
| cable:   |  | 25  |
| ET ADDRESS)  |  |   |
|  |  | 9: 09   |
| registered office address o<br>ess here:                           | n our records, <u>enter the</u>  | name of the new registe   |
| ANA CABAL  |  |   |
| 17045 S W 81 CT  |  |   |
|  | •  | 22167   |
|  | , Florid   | la 33157<br>Zip Code  |
|  | Liability Company were file lowing:  of the limited liability compare words "Limited Liability Compare cable:  ET ADDRESS)  registered office address of ess here:  ANA CABAL  17045 S W 81 CT | words "Limited Liability Company," the designation "LLC" or cable:  ET ADDRESS)  registered office address on our records, enter the ess here:  ANA CABAL  17045 S W 81 CT  Enter Florida street address  PALMETTO BAY  Florida |

## 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

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\_\_\_\_\_ Change

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 = M $AMBR = A$ | Ianager<br>Authorized Member |               |                |
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| ective date, if other than the  | date of filing: t be specific and cannot be prior to date of | (opti                                 | onal)<br>: filing ) Parsanat to 605 0207 |
| te: If the date inserted in this ble  | ock does not meet the applicable sta                         | tutory filing-requirements, thi       | s date will not be listed as             |
| tument's effective date on the De   | spanning of State 3 (costs).                                 |                                       |  |
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