

L24000176724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

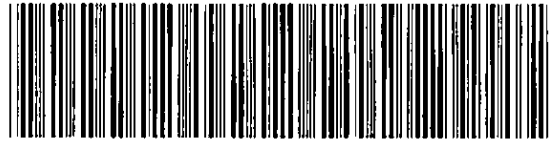
(Document Number)

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NOV 25 2024

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2024 NOV -4 PM 5:24  
STATE

### COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DELICTUS KONEXX 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:

Carolina Garcia  
Name of Person

Baker Tax & Advisory Group LLC  
Firm/Company

175 SW 7th ST, STE 1517  
Address

Miami, Florida 33130  
City, State and Zip Code

compliance@jamesbakerepa.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carolina Garcia at ( 866 ) 610-9493  
Name of Person 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

FILED  
2024 NOV -4 PM 5: 24  
STATE OF FLORIDA

DILECTUS KONEXX 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 04/15/2024 and assigned Florida document number L24000176724.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS) 1150 NE 215th St, Unit 422  
MIAMI, FL 33179

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX) 1150 NE 215th St, Unit 422  
MIAMI, FL 33179

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: \_\_\_\_\_

New Registered Office Address: 1150 NE 215th St, Unit 422

Enter Florida street address

Miami, Florida 33179  
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>
CEO	ARRIAGADA, DAVID A	19477 NE 10TH AVE	<input type="checkbox"/> Add
		MIAMI, FL 33179	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	ARRIAGADA, DAVID A	19477 NE 10TH AVE	<input type="checkbox"/> Add
		MIAMI, FL 33179	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	ARRIAGADA, DAVID A	19477 NE 10TH AVE	<input type="checkbox"/> Add
		MIAMI, FL 33179	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	ARRIAGADA, DAVID A	19477 NE 10TH AVE	<input type="checkbox"/> Add
		MIAMI, FL 33179	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	ARRIAGADA, DAVID A	1150 NE 215th St, Unit 422	<input type="checkbox"/> Add
		Miami, FL 33179	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

The purpose of this amendment is to correct (eliminate) the name of the CEO that resulted copied 5 times as authority of the company by involuntary mistake at the time of filing the formation document (It only needs to be shown once, as this is the same person). This Amendment is also being filed to change the addresses shown at the time of the formation filing. Finally, the business purpose of this entity is changed from "Pet Services" to "Sales".

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 September 20th \_\_\_\_\_, 2024

Signed by  


\_\_\_\_\_  
Signature of a member or authorized representative of a member

ARRIAGADA, DAVID A

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**