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COVER LETTER

TO:

Registration Section Division of Corporations

	A SF PHASE I LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Marcelo Rodrigues		
		Name of Person	
	ROTONDA SF PHASE I I	LC	
		Firm/Company	
	6557 Hazeltine National D	r, Unit 12 and 13	
		Address	
	Orlando, FL 32822		
		City/State and Zip Code	1.00
	marcelo@del3c.com		
	E-mail address: (to be used for future annual report not	lification)
For further information of	concerning this matter, please co	ail:	
Marcelo Rodrigues		407 371-2298 at ()	
Name (of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he 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 Registration Division of O P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration So Division of Co The Centre of	prporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROTONDA SF PHASE LLCC

(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 05/10/2024 and assigned

Florida document number L24000212138

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 "LLC."

Enter new principal office address if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

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:	Enter Florida strect addre	ys
	, FI	oridaZio 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 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
AMBR	DEL3C CAPITAL LLC	10244 KENSINGTON SHORE DR	□Add
		ORLANDO. FL 32827	≣ Remove
			□Change
AMBR	DELTAPRO7 INVEST LLC	6557 HAZELTINE NATIONAL DR	≣ Add
		UNIT 12 AND 13	□Remove
		ORLANDO, FL 32822	☐ Change
			□ Add
			🗀 Remove
			□ Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change

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ian effectiv Note: If t	e date, if other than the date of filing:	.0207 ed as
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
recora sp d is filed.		
d is filed.	NE 19th . 2024	
d is filed.	Signature of a member Signature of a member	