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COVER LETTER

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TO: Registration So Division of Co					
	S DEL SUR				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	YADIL RIVERA DAVIL	A			
		Name of Person			
	DELICIAS DEL SUR				
	-	Firm/Company			
	1701 NW 9TH CT				
		Address			
	HOMESTEAD FL 33030				
		City/State and Zip Code			
	NOEAHUMADA18@GM.				
		to be used for future annual report not	ilication)		
For further information c	concerning this matter, please c	all:			
YADII. RIVERA DAVILA		786 422-3890 at ()			
Name of Person		Area Code Daytin	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 Address: Registration Section		Street Address: Registration Section			
Division of Corporations P.O. Box 6327		Division of Co The Centre of	•		
Tallahassee,		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DELICIAS DEL SUR LLC		
(Name of the Limited Liability C.	ompany as it now appears on our records.) nited Liability Company)	
(A Florida Uni	med Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on 10/29/2024	and assigned
Florida document number <u>L24000459395</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
ELIGRA TEMPTATIONS LLC		
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:		
<u>Principal office address MUST BE A STREET ADDRES.</u>	<u>S)</u>	
Enter new mailing address, if applicable:		
••		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered of	fice address on our records, enter the na	me of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
N. D. C. 1007 A.H.		
New Registered Office Address:	Enter Florida street address	
	. 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

Title	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
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			□Change
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NOVEMBER 04 Signature of a member or authorized representative of a member YADIL RIVERA DAVILA Typed or printed name of signee								
Signature of a member or authorized representative of a member YADIL RIVERA DAVILA Typed or printed name of signee (optional) (optiona	famendir	ng any other inform	ation, enter ch	nange(s) here: /	(Attach additie	nal sheets, if neo	cessary.)	
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