## K17000129208

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## **COVER LETTER**

TO: Registration Section

Divi	ision of Cor	porations	•		
	•	DLDINGS 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	ndence concerning this matter	to the following:		
		David Hayes			
			Name of Person		
		DALEN HOLDINGS LLC	;		
			Firm/Company		
		20533 Biscayne Blvd #812	2		
			Address		
		Aventura FL 33180			
			City/State and Zip Code		
		lenny@riverwalkproperties			
		E-mail address: (	to be used for future annual report no	tification)	
For further in	iformation c	oncerning this matter, please c	all:		
David Hayes			954 954-696-51 at ()		
	Name o	f Person	Area Code Daytin	me Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	filing Fee	S30.00 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)	
	ling Addres		Street Address: Registration Sc	ection	
Registration Section Division of Corporations		•	Registration Section Division of Corporations		
P.O	). Box 632	7	The Centre of	Tallahassee	
Tal	lahassee, F	FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DALEN HOLDINGS LLC			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Name of the Lim	ted Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)	uE
The Articles of Organization for this Limited I	Liability Company were filed	on <u>06/13/2017</u>	and assigned
lorida document number L17000129208			
his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability compa	iny here:	
he 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 appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS <sub>I</sub>		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE			
3. If amending the registered agent and/or		our records, enter the	name of the new registe
gent and/or the new registered office addre	ess nere:		
Name of New Registered Agent:	David Hayes		
New Registered Office Address:	20533 Biscayne Blvd 812		
	En	ter Florida street address	
	Aventura	Floric	la <u>33180</u>
	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>	Address	Type of Action
MGR	LENNY TAYLOR	20533 BISCAYNE BLVD 812	□Add
		AVENTURA FL 33180	
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
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		<u> </u>	□Change
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	e, if other than the date of filing:	
reffective dat te: If the da	e, if other than the date of filing:	.0201 ed as
cord specifi is filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
JANUA	RY 10, 2022	
ted	1011	
	Signature of a member or authorized representative of a member	
	, , , , , , , , , , , , , , , , , , ,	
	VID HAYES	

Filing Fee: \$25.00