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Special Instructions to	Filing Officer:	
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TO: Registration Se Division of Cor				
DELRAY	TILLC	•		
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:		
	FREDRICK J ZOROVICI	I		
	-	Name of Person		
	DELRAY II LLC			
		Firm Company		
	5440 NW 33 AVENUE, SUITE 109			
		Address		
	FT. LAUDERDALE. FL 33309			
	·	City/State and Zip Code		
	HILDY@ICSREALESTAT	E.COM to be used for future annual report notification		
For further information of	oncerning this matter, please c	·	1)	
HILDA PALACIOS		954 923-1466 at ()		
Name o	f Person	Area Code Daytime Tele	ohone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration 9		Street Address: Registration Section		
Division of C	Corporations	Division of Corporat	Division of Corporations	
P.O. Box 632 Tallahassee, 1		The Centre of Tallah 2415 N. Monroe Stre		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF Style 20 Kin 6: 33

(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 ______ and assigned Florida document number ______. 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 offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 street address

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

#4101 20 0 6:33

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	FRED A ZOROVICH	1803 NE OCEAN BLVD. STUART, FL 34996	= Add
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	0/43/2021
Effec	tive date, if other than the date of filing:(optional)
(If an e	tive date, if other than the date of filing: (optional) [Tective 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)
	. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
e reco ord is	rd 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
10 18	neg.
	September 21 2021
Date	September 21 2021
	for all with the second of the
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Fredrick J Zorovich

Filing Fee: \$25.00