# L13000100734

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### **COVER LETTER**

TO: Registration Section
Division of Corporations

DELTA HOLDINGS AND INVESTMENTS 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:

# DIANA GOROKHOVSKY

Name of Person

DELTA HOLDINGS AND INVESTMENTS LLC

Firm/Company

11128 BRANDYWINE LAKE WAY

Address

**BOYNTON BEACH, FL 33473** 

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

# DIANA GOROKHOVSKY

,,305,7255529

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)

Section 5 \$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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### DELTA HOLDINGS AND INVESTMENTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

() I I Will	au immed blacking company,	
The Articles of Organization for this Limited Liability of Florida document number <u>L13000100734</u>	Company were filed on <u>07/16/2013</u> .	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the words "L	imited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		inter the name of the new
	uress nere.	2014
Name of New Registered Agent:		<u>70 ⊆</u>
New Registered Office Address:		\$5.50
	Enter Florida street address	
	, Florie	
New Designand Agent's Cignotum if share's - Designature	City	Zip.Code \( \Omega\)
New Registered Agent's Signature, if changing Register	reu 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BORIS SHKOLNIK	18 Tammy Hill Trail	
		Randolph, NJ 07869	Remove
			Add
		<u> </u>	Remove
			Add
			□ Remove
			□ Remove
<del></del>			Add
			Remeve JUN 25
			AHA SSEE PLOATED Remove
			Remove

). If amendir	ng any other information, enter change(s)	here: (Attach additional sheets, if necessary.)
(The effective	late, if other than the date of filing: date must be specific, cannot be prior to date of receip document is filed by the Florida Department of State)	pt or filed date and cannot be more than 90 days after
Dated 22	201 And of June , 201	14
		or authorized representative of a member
	Diana	Coroukovsky

Page 3 of 3

Filing Fee: \$25.00

