

102000005722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

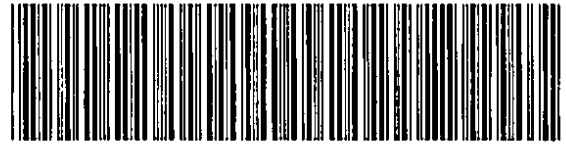
(Business Entity Name)

(Document Number)

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T.G.
02/25/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DELPHI FINANCIAL SERVICES 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:

MARGARET A. MERTHE

Name of Person

DELPHI FINANCIAL SERVICES LLC

Firm/Company

5801 Spurge Creek Woods Drive

Address

Port Orange FL 32127

City/State and Zip Code

niki@tfguide.com

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

SECRETARY OF STATE
TALLAHASSEE, FL 32301

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For further information concerning this matter, please call:

Margaret Merthe

1

Name of Person

at (352) 581-1979

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)

☒ \$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**

DELPHI FINANCIAL SERVICES LLC

(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 3/16/2002 and assigned
Florida document number LD2000005722

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" OR "LIMITED PARTNERSHIP" OR "LIMITED PARTNERSHIP"~~

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

5807 Spruce Creek Woods Drive
Port Orange, FL 32127

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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TALLAHASSEE, FLORIDA

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:

MARGARET MERTHE

New Registered Office Address:

5807 Spruce Creek Woods Drive

Enter Florida street address

Port Orange

City

Florida 32127

Zip Code

~~THE WORDS "LIMITED LIABILITY COMPANY" OR "LIMITED PARTNERSHIP" OR "LIMITED PARTNERSHIP"~~

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.

Margaret MERTHE

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Margaret Morthe	5507 Spruce Creek Woods Dr Fort Orange FL 32137	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FL 09100

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA
2019 FEB 25 PM 3:58

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

[COUNTRY] [STATE] [ZIP CODE] [CITY] [STREET ADDRESS] [TELEPHONE] [FAX] [E-MAIL] [WEB SITE]

Dated 2/19 2019

Walter Smith

Signature of a member or authorized representative of a member

MARGARET A METZKE

Typed or printed name of signee