

L02000021234

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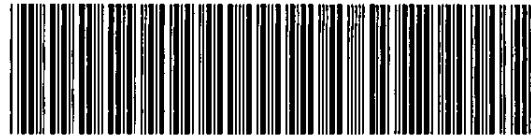
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER
JAN 24 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KENCO-ANSCA DELRAY HOLDINGS, L.L.C.

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:

Mitchell A. Sherman, Esq.

Name of Person

The Sherman Law Group, LLC

Firm/Company

7593 Boynton Beach Blvd., Suite 220

Address

Boynton Beach, Florida 33437

City/State and Zip Code

Elizabethn@anscahomes.com

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

For further information concerning this matter, please call:

Elizabeth Nero

Name of Person

at (561)

364-3653

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

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

KENCO-ANSCA DELRAY HOLDINGS, L.L.C.

(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 08/16/2002 and assigned Florida document number L02000021234.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DELRAY 282, L.L.C.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7593 Boynton Beach Blvd.

Suite 220

Boynton Beach, Fl. 33437

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7593 Boynton Beach Blvd.

Suite 220

Boynton Beach, Fl. 33437

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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:

Charles Scardina

New Registered Office Address:

7593 Boynton Beach Blvd., Suite 220

Enter Florida street address

Boynton Beach

City

, Florida

33437

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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CHARLES SCARDINA	7593 Boynton Beach Blvd. Suite 220 Boynton Beach, Fl. 33437	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Kenco DEIray Holdings, Inc	1000 Clint Moore Road Suite 110 Boca Raton, Fl. 33487	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Kenneth M. Endelson	1000 Clint Moore Road Suite 110 Boca Raton, Fl. 33487	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 12/31 /, 2010

Signature of a member or authorized representative of a member

Charles Scardina

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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