(F	Requestor's Name)
(/	Address)
(/	Address)
(0	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(i	Business Entity Name)
])	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

Office Use Only



600304777686

10/23/17--01017--003 **25.00

THE STAN MOISHAR 17 OCT 23 AHII: 48 - |

O CHANGINS OCT 2 4 2017

COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: Del 1	455et Holdi. Name of Limi	15 LLC ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are subr	nitted for filing.	
Please return all corresponde	nce concerning this matter t	to the following:	
	Allison L	emelman Name of Person	
	Del Asset	Holding LLC Firm/Company	
		1W 108+4 Auc Address	
	Parklanly	FL 33076 City/State and Zip Code	
-		City/State and Zip Code (a) Ya hoo. (om o be used for future annual report notificat	
For further information conce	erning this matter, please ca	di:	
Allison Lemel	w n	at (954) 29 7 - 39 Area Code Daytime To	lephone Number
Enclosed is a check for the fo	ollowing 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

Del Asset Holding LLC

(<u>Name of the Limited L</u> (A F	iability Compai Iorida Limited L	iy as it now appears on our iability Company)	records.)		
The Articles of Organization for this Limited Liabil Florida document number <u>LO6 0000 342</u>		were filed on 412	06	and assign	ied
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liabí	lity company here:		-17-0 21.415	
The new name must be distinguishable and contain the words	"Limited Liabili	ty Company," the designation	n "LLC" or the	abbreviation "E.L. C	استت
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A		MA		- 3	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>x)</u>	MA			
B. If amending the registered agent and/or registered agent and/or the new registered office	address here	:	ecords, <u>ente</u>	r the name of	the new
Name of New Registered Agent:	Allegon	Levelman			l
New Registered Office Address:	6722	NW 1044 h Enter Florida street	A Ut		
_	Pack	land	, Florida _	33076	
Nam Danistanud & santis Clamatum if abai B-ai	stand tooms	City		Zip Code	1
New Registered Agent's Signature, if changing Regis	stereu 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

	amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:				
MGR = M MBR = A	anager uthorized Member				
itle	Name	Address Type of Action			
469	David Levrelnay	6722 NW 108th Ace 1 Add			
		Parkland, FL 33076 Remove			
		Parkland, FL 33076 MAdd			
16R	Allison Lemelman	Parkland, FL 33076 MAdd			
		Remove			
		Change			
					
		Change			
		Add			
		Remove			
		Change			
		Remove			
		Change			
		□ Remove			
		□ Change			

							_
 -							
-							
		 		· ·			
	·						
	· · · · · · · · · · · · · · · · · · ·						
	 	 			 		<u> </u>
					,		
							
							.
						©.	
						MASICK	7
		<u> </u>				<u> </u>	믉
						<u> </u>	2
						:	2
		•		<u> </u>			
						<u> </u>	<u> </u>
						- .	,
	e, if other than the date is listed, the date must b			CGlina or more t	(option	al)	***
te: If the d	ate inserted in this block	k does not meet th	ne applicable sta				
cument's ef	fective date on the Depa	artment of State's	records.				
				ee			••
	pecifies a delayed e day after the recor		but not an e	frective time	, at 12:01 a.r	n. on the	earlie
	,						
ted 10	17)		1017.				
	allison	gnature of a member	lman				
	Si	gnature of a membe	er or authorized n	presentative of a	member		

Page 3 of 3

Filing Fee: \$25.00