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EXAMINER



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SECRETARY OF STATE DIVISION OF CORPORATION

## **COVER LETTER**

SUBJECT: Delaney Opportunities, 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:
Payton Colorey (Name of Person)
The Toddler Club (Firm/Company)
3285 N. State Road 7
Margate, Fl 33063 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (954 9 (8-77) 3 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee & \$\sum_{\text{Certificate of Status}}\$30.00 Filing Fee & \$\sum_{\text{Certified Copy}}\$\$ Certified Copy (additional copy is enclosed) \$\sum_{\text{Certified Copy}}\$\$ Certified Copy

**MAILING ADDRESS:** 

TO:

**Registration Section Division of Corporations** 

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

## ARTICLES OF AMENDMENT . TO ARTICLES OF ORGANIZATION OF

DELANEY OPPO	ORTUNITIES, L	.LC		
(Name of the Limited Liability ( (A Florida Li	Company as it now apprinted Liability Compan	pears on our record y)	<u>(s.</u> )	
The Articles of Organization for this Limited Liability Cor Florida document number <u>LOTOOO83</u>		8.16.0	and assign	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limits	ed liability company	<u>here</u> :		
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Cor	npany," the designa	tion "LLC" or the abb	reviation
Enter new principal offices address, if applicable:	3285	N. Sto	ate Rooc	197
(Principal office address MUST BE A STREET ADDRE	in March	nte, Fl	<u>3306</u>	SEGR VISION
			<u>.c.</u>	
Enter new mailing address, if applicable:	5000	<u>e</u>	70	2000 177
(Mailing address MAY BE A POST OFFICE BOX)			<u></u>	<u> </u>
			<u>ယ</u>	
B. If amending the registered agent and/or register registered agent and/or the new registered office addre	red office address or ss here:	n our records, <u>e</u>	nter the name of t	the new
Name of New Registered Agent:	ck F. C	icissy,	C.P.A.	<del></del>
New Registered Office Address:	t East	At location (Enter Florida stro	eet address)	
Par	pono B	, Florid		<u></u>
New Denistered Agent's Signature if changing Degistered	(CIIY)		(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.

(IPChanging 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

**Type of Action** Title **Address** Name ■ Add Remove Remove ☐ Add Remove Add 🗖 Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00