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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO;	Registration Se Division of Cor		
SUBJI	· .	estment Partners, LLC	
		Name of Limited Liability Company	
The en	eclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please	return all correspo	ondence concerning this matter to the following:	
		Behn Wilson	
		Name of Person	
		Delray Investment Partners, LLC	
		Firm/Company	
		712 Shore Dr	
		Address	
		Boynton Beach, FL 33435	
		City/State and Zip Cod	de
		behn@delrayinvestmentpartners.com	
		E-mail address: (to be used for future annu	pal report notification)
For fur	ther information co	oncerning this matter, please call:	
Behn '	Wilson		289-7591
	Name of	f Person at () Area Code	Daytime Telephone Number
Enclos	ed is a check for th	ne following amount:	
■ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fe Certified Copy (additional copy is	Certificate of Status &

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

(Name of the Articles of Organization for this Ling 1.0800002107.	nited Liability Compar	pany as it now appears on our records.) d Liability Company) 02-27-2008	
1.08000021079		02-27-2008	
	5 	iy were med on	and assigned
his amendment is submitted to amend t	the following:		
. If amending name, enter the new n	name of the limited lia	ability company here:	
he new name must be distinguishable and conti	ain the words "Limited Lia	bility Company," the designation "LEC" or	the abbreviation "L.L.C."
Enter new principal offices address, if	applicable:		
Principal office address MUST BE A S	STREET ADDRESS)		·
		·	
Inter new mailing address, if applicat	ole:		<u> </u>
Mailing address <u>MAY BE A POST OF</u>	FICE BOX)		
. .			
 If amending the registered agenegistered agent and/or the new registered. 	it and/or registered ered office address he	office address on our records, <u>er</u> e <u>re</u> :	iter the name of the
			7 6
Name of New Registered Agen	<u></u>		<u> </u>
New Registered Office Address	s:		SE Y
	<u></u>	Enter Florida street address	
		, Florid	

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 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 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>	Address	Type of Action
MGY_	Katnnyn Ross	1013 Causannard Delvery FC	
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			⊞Add
			Remove
			Change
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Effective date, if other than the date is listed, the date must be Note: If the date inserted in this block	e specific and cannot be per does not meet the ap	plicable statutory	or more than 90 days afte filing requirements, th	ional)	1 to 605,02
document's effective date on the Depa	irtment of State's reco	rds.			
ne record specifies a delayed e The 90th day after the record	ffective date, but d is filed.	not an effecti	ve time, at 12:01	a.m. on the	earlier o
September 27 Dated	2017	·· In			
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Filing Fee: \$25.00