## 1090000000156

, (Re	equestor's Name)			
(Address)				
. (Ad	ldress)			
(Cit	ty/State/Zip/Phone	<del>e</del> #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



700153411457

04/29/09--01009--024 \*\*25.00

FILED

09 APR 29 AM II: 27

SECRETARY OF STATE

D. BRUCE

APR 3 0 2009

**EXAMINER** 

## **COVER LETTER**

Registration Section
Division of Corporations

SUBJECT: DELFO	HI SINCEI, LLO		
	(Name of Lim	nited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
•	JONATHAN M. SMITH		
	-	(Name of Person)	
	NAUGLE & SMITH, P.L.		
		(Firm/Company)	
	810 Margaret Street		As a
	o to thangarot on out	(Address)	- ECR
			APR 29 AM II: CRETARY OF STA AHASSEE, FLOR
	Jacksonville FL 32204	(City/State and Zip Code)	SEE SEE
		(City/Guile and Zap Code)	
For further information of	concerning this matter, please c	call:	III III
		004 000 0700	A
Jonathan M. Smith	of Person)	at ( 904 ) 366-2703 (Area Code & Daytime To	elenhone Number)
(Ivanic	01 ( 013011)	(Med code & Daylano 1)	ciepinii Namori
Enclosed is a check for the	he following amount:		
2 \$25.00 Filing Fee	S30.00 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)
Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIER Registration Section Division of Corporatio Clifton Building	ons
Tallah	assee, FL 32314	2661 Executive Center Tallahassee, FL 32301	Circle



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BELFORT STREET, LLC	
(Name of the Limited Liability ( (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on March 17, 2009 and assigned
Florida document number L09000026156	<b>→</b>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRI	ESS) Property of the control of the
	An P
·	TAR 22
Enter new mailing address, if applicable:	EFO P
(Mailing address MAY BE A POST OFFICE BOX)	FFS.
	AR AR
	ered office address on our records, enter the name of the ne
registered agent and/or the new registered office addre	ress here:
Name of New Registered Agent:	
New Registered Office Address:	•
The Tregistrea office Tradition.	(Enter Florida street address)
	, Florida
	(City) (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 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 **Title** Name **Address Type of Action** MGR T. MARK RIECHMANN 2970 St. Johns Avenue #7F **₽** Add Jacksonville, FL 32205 Remove **□** Add Remove 🗂 Add ☐ Remove **∏** Add Remove ☐ Add Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) This amendment corrects the name and address of the MGR only. Dated April 27 2009 Signature of a member or authorized representative of a member Jonathan M. Smith Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00