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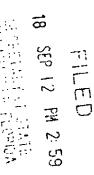
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COVER LETTER

TO:	Registration Se Division of Cor				
eup ie		Froup Home, LLC			
SUBJE	Name of Limited Liability Company				
		Amendment and fee(s) are subject to a community of the subject to the subject tof	·		
riease	etum ati correspo	Eutris A Delancy	to the following.		
		Delancy Group Home, LLC	Name of Person		
		4174 SW Darien Street	Firm/Company		
		Port St Lucie, Florida 3495	Address		
		happyeutris@bellsouth.net	City/State and Zip Code		
For fur	her information c	E-mail address: (concerning this matter, please ca	to be used for future annual report no all:	ification)	
Eutris	A. Delancy		772 204-1919		
	Name e	f Person	at () Area Code Daytii	ne Telephone Number	
Enclose	ed is a check for the	he following amount:			
■ \$25	i.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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

TO:

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

Delancy Group Home, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our recor. Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L09000030108</u>	were filed on 3/27/2009	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLO	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		7 1
(Mailing address MAY BE A POST OFFICE BOX)		2 O
		12 P
		<u>्रिल</u> छ
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		is, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida street addro	INS
		lorida
	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 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>	Name	Address	Type of Action
Mgr	Marcia A. Franklyn	4174 SW Darien Street	
		Port St. Lucie, Florida 34953	
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			Change
			Add
			Remove
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			☐ Change
			Remove
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			Add
			□ Remove
			Change
			Ađd
			☐ Remove
			Change

September 10, 2018 Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02. Note: If the date inserted in this block dates not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier by The 90th day after the record is filed. Dated						
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the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed.	Effective (If an effect	date, if other than the date we date is listed, the date must be spo	of filing:ecific and cannot be prior to	to date of filing or more than	(optional) 90 days after filing.) Pr	ursuant to 605.020
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		Oth day after the record is	s filed.	an encerve ame,	JC 12.01 0	
William ly many of a member	Dated		7	<u> </u>		
Signature of a member of authorized representative of a member		Signa	THE OF a member or author	M orized representative of a mu	mber	
		Eutris A. Delancy	Typed or printe	y than of signed	/	

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Filing Fee: \$25.00