L09000030108

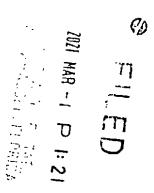
(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		
	Delancy Gr	oup Home, LLC	•	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Eutris A. Delancy		
			Name of Person	
		Delancy Group Home, LL	C	
		-,-	Firm/Company	
		4174 SW Darien Street		
			Address	
		Port Saint Lucie, Florida 3	4953	
		U. DRUEL TRIGORELLO	City/State and Zip Code	
		HAPPYEUTRIS@BELLSO E-mail address: (DUTFLINE I to be used for future annual report not	tification)
For further i	nformation c	oncerning this matter, please c		
Eutris A. De	elancy		772 204-1919	
	Name o	f Person	at () Area Code Daytii	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00 }	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re Di	illing Addres gistration S vision of C D. Box 632	Section orporations	Street Address: Registration So Division of Co The Centre of	rporations
	llahassee, l			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 03/27/2009 Florida document number L09000030108	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
•	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the	e name of the new register
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the agent and/or the new registered office address here:	e name of the new register
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the	e name of the new register
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the agent and/or the new registered office address here:	e name of the new register
New Registered Office Address:	e name of the new register

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
AMBR	Henderson Alexis	3499 SW Vendome Street, Port St. Lucie, Fl 34953	= Add
			□Remove
			□Change
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	Mr	
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fective date, if other than the date	of filing: 24 February, 2021	(optional)
n effective date is listed, the date must be sp	pecific and cannot be prior to date of filing or mor	e than 90 days after filing.) Pursuant to 605 0207
ite: If the date inserted in this block decument's effective date on the Depart	oes not meet the applicable statutory filing to ment of State's records.	
cument of the transfer of the trapate		A 21
n effective date is listed, the date must be spote: If the date inserted in this block decument's effective date on the Departi	oecific and cannot be prior to date of filing or mor oes not meet the applicable statutory filing	re than 90 days after filing.) Pursuant requirements, this date will not b
filed.		
24 February	2021	
ted 24 February	. 2021	
ted 24 February	Goldman	
	LDelany nure of a member or authorized representative of	fa member

Filing Fee: \$25.00