209000030108

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COVER LETTER

Tallahassee, FL 32314

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	istration Se ision of Cor			
elib iber.	DELANCY	GROUP HOME, LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Eutris A. Delancy		
			Name of Person	
		DELANCY GROUP HOM	IE. LLC	
			Firm/Company	
		4174 SW Darien Street		
			Address	
		Port Saint Lucie, Florida 3	4953	
			City/State and Zip Code	
		Happyeutris@bellsouth.net	to be used for future annual repo	
For further in	nformation c	oncerning this matter, please co		nt municaum)
Eutris A. De	lancy		772 204-19	10
	Name o	f Person	at () Area Code I	Daytime Telephone Number
Enclosed is a	check for th	ne following amount:		
◆ \$25.00 F	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)
Reg	iling Addres	Section	Street Addre Registratio	n Section
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DELANCY GROUP HOME, LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records. Jability Company))
The Articles of Organization for this Limited Liability Company Florida document number L09000030108	were filed on 4/1/2009	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		1021 OCT
		1
Enter new mailing address, if applicable:		P - 12
(Mailing address MAY BE A POST OFFICE BOX)		
		7 1 3
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	8°3	eletu.
	Cîry	rida 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	HENDERSON ALEXIS	3499 S.W. VENDOME STREETPORT SAINT L	
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fective date, if other than the date must be an effective date is listed, the date must be ote: If the date inserted in this block cument's effective date on the Department.	cdoes not meet the applicable	date of filing or more than 90 dec statutory filing requireme	_ (optional) ays after filing.) Pursuant to 60 ms. this date will not be lis	05.020 sted as
		at 12:01 a.m. on the carlie	er of: (b) The Outh day of	er the
ecord specifies a delayed effective dis filed.	ate, but not an effective time	. W. I.E. of a.m. W. die Carm	11 01. (0) The 90th day an	
is filed.	2021			
is filed.	2021			
ecord specifies a delayed effective d is filed. ted ²⁸ September	2021	ed representative of a member		

Filing Fee: \$25.00