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(Re	questor's Name)	
. (Ad	dress)	
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(Cit	y/State/Zip/Phone	÷#)
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

Division of Corporations
SUBJECT: Delanside with and stability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Debra Majer
Name of Person
Ocianside Cottaus, Lic
Firm/Company
47 Sca Vista Donue
Palm Coast, FC 32137
reffdebbymere beusouth. Net
E-mail address: (to be listed for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (561) 707-5935 Area Code Daytime Telephone Number
in the second
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\Bigcup \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\Bigcup \text{\$60.00 Filing Fee, Certified of Status & Certified Copy (additional copy is enclosed)}\$

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 Limited Liability Compa (A Florida Limited L	le CoHages, WC ny as it now appears on our records.)	<u></u>	
The Articles of Organization for this Limited Liability Company Florida document number	0/2/2000	and assig	gned
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 end with the words "Limited Liabi	ility 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)	2201-D N. Oceans Flagler Beach, K. 3	hore Bl	vd
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as ab	ove	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name o	f the new
Name of New Registered Agent:			- T
New Registered Office Address:	Enter Florida street address	∵: ₩ 	
	, Florida	ب با الله الما	-12
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Tom Hughes	654 W. Indiantown Rd.	g Add
		Swite /10	Remove
		Swite /10 Jupiter, FL 33458	· · · · · ·
			Add
			□ Remove
			
			Add
			☐ Remove
			
			D Add
			Remove
		,	
			Add
			—□ Remove
			□ Add

If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
Effective	date, if other than the date of filing: (optional)
(The effective	ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is document is filed by the Florida Department of State)
Dated	Rbruary 25, 2014.
	- Chlynnusa
	To Signature of a member or authorifed representative of a member
	Typed on printed name of signee

Page 3 of 3

Filing Fee: \$25.00