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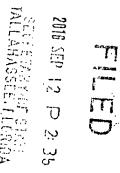
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DELTA EQUITY GROUP LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARIO KAFETZIS (Managing Menter) Name of Person
DELTA EQUITY GROSP ILC Firm/Company
Po Bo x 970003 Address
BORA RATION FL 33497
alphacapitalintlegnall-com
For further information concerning this matter, please call:
MARIO KAFETZIS at Sol 699-1588 ST Name of Person Area Code Daytime Telephone Number ST
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup Certificate of Status & Certified Copy (additional copy is enclosed) \$25.00 Filing Fee \$\Bigcup \$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

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

DELTA EQUITY GROW		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our record lability Company)	5.)
The Articles of Organization for this Limited Liability Company v	were filed on	and assigned
Florida document number <u>L12000043317</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabilion and Contain the words "Limited Liabilion".	ty 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)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	: Enter Florida street addres	2018 SEP
New Registered Agent's Signature, if changing Registered Agent:		Dr. W
		- 0

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 Title Name **Address** Type of Action VIVIAN KAFETZIS PO BOX 970003 MGR □ Add BOOA RATON, FL 33497 Remove ☐ Change (Same VIVIAN KAFETZIS AMBR □ Add Remove Change ☐ Add ☐ Remove ☐ Change □ Add Remove Change __ □ Aud Ń <u></u> □ Remove _□ Change ☐ Add □ Remove

_□ Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Just making sure that we have submited the correct docu Vivian KAFETZ's needs to be removed as all and every Title (Enclosed please find her resignation from the LLC
	VIVIAN KAFETZ'S needs to be removed as all and every
•	Title (Enclosed please Rid her resignation from the LLC
1	MARIO KAFETZIS will remain to be the MGR & AMBR
	and will be the sole owner / agent of DELTA EQUITY GRO
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_	me n si
	2: 3 b
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	we date if other than the date of filing: $A \propto 27 / 2016$ (entional)
effe	ve date, if other than the date of filing:
	ent's effective date on the Department of State's records.
rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
	90th day after the record is filed.
1	Sep 1/2016 . , .
ed_	- The state of the
	Signature of a member or authorized representative of a member
	MARIO KAFETZIS

Page 3 of 3

Filing Fee: \$25.00