LIZ OCCO 530 SS

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(Document Number)	
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COVER LETTER

	Registration Se Division of Cor			
SUBJEC	Mr. Nice (Guy Collections, LLC		
SUBJEC	,1;	Name of Lim	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Ilan A. Nieuchowicz, Mar	nager	
		Delray Broker LLC	Name of Person	
		8217 Lawson Bridge Lan	Firm/Company e	
		Delray Beach, Florida 33-	Address 446	
		ilan@nukofamily.com	City/State and Zip Code	
			to be used for future annual report notif	ication)
For furthe	er information o	oncerning this matter, please ca	all:	
Ilan Nie	uchowicz		305 981-6856 at ()	
	Name of	f Person		Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

MR. NICE GUY COLLECTIONS, L.L.C.

2019 SEP - 6 AH 11: : 1

(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 _______ and assigned _______ and assigned Florida document number __L12000053088 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Delray Broker LLC The new name must be distinguishable and contain the words "Limited Liability 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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> <u>Name</u> <u>Address</u> Type of Action \square Add _□ Remove Change _____ Change __□ Remove _____ Change _____ □ Remove _____ Change _____ Change _____ □ Add _____ Change

7			
Effective date, if other than the distance of the date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Department.	e specific and cannot be prior to	odate of filing or more than 90 cole statutory filing requirement	(optional) lays after filing.) Pursuant to 605,0207 ents, this date will not be listed as
he record specifies a delayed e The 90th day after the recor	effective date, but not d is filed.	an effective time, at 1	2:01 a.m. on the earlier of
Dated August 30	2019	_	
		·	

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Typed or printed name of signee

Filing Fee: \$25.00