L13000150926

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COVER LETTER

TO: **Registration Section**
Division of Corporations

New Care Options, LLC

SUBJECT: _____
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:

Emile C. Commedore
Name of Person

DELTA IP GROUP, LLC
Firm/Company

P.O. Box 271406
Address

Tampa, FL 33688-1406
City/State and Zip Code

drcommedore@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emile Commedore at (813) 690-1160
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $25.00 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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

New Care Options, LLC

(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 October 25, 2013 and assigned Florida document number L13000150926.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DELTA IP GROUP, 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)

35772. State Road 52
Suite 101
Zephyrhills, FL. 33541

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 271406
Tampa, FL. 33688-1406

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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: n/a

New Registered Office Address: _____
Enter Florida street address

_____, **Florida** _____
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.

N/A
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
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

April 1, 2024

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated March 29, 2024.

Signature of a member or authorized representative of a member

Emile C. Commedore

Typed or printed name of signee

AMENDMENT TO THE ARTICLES OF ORGANIZATION OF NEW CARE OPTIONS, LLC

Pursuant to the laws governing limited liability companies in the state and in accordance with the operating agreement New Care Options, LLC (the "Company"), the members hereby consent to amend the Articles of Organization as set forth below:

1. NAME CHANGE

The name of the Company is hereby changed from New Care Options, LLC to **Delta IP Group, LLC.** This amendment is made to reflect the Company's evolving business identity and future direction.

2. MEMBER CONSENT

In accordance with the Company's operating agreement, requiring a majority vote of the members for any amendment to the Articles of Organization, a vote was duly held on March 28th, 2024, at which the following members were present:

Member 1: Emile Commedore	99% Ownership
Member 2: Pat Tate	1% Ownership

Resolution Proposed: To change the name of New Care Options LLC to **Delta IP Group, LLC** as reflected in the Company's Articles of Organization.

Vote Outcome: The resolution to amend the Articles of Organization to change the Company's name to **Delta IP Group, LLC** was approved by a unanimous vote of the members. The specific vote count was as follows:

For the Name Change:	2.	[Number of Votes For]
Against the Name Change:	0	[Number of Votes Against]
Abstentions: none		

3. EFFECTIVE DATE

The name change from New Care Options LLC to **Delta IP Group LLC** shall become effective upon the filing of this amendment with Florida's Division of Corporations or such later date as specified in the filed amendment, which shall be [Not Applicable].

4. EXECUTION

In witness whereof, the undersigned, being the members of New Care Options LLC, have executed this amendment to the Articles of Organization on this March 28, 2024

Emile Commedore, Member _____

Pat Tate, Member Pat Tate