# U5000112447

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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SECRETARY FOR THE

n RRUCE AUG 01 2017 Allen Falk, PA 507 N Dixie Hwy Lake Worth, FL 33460 561-493-9200 TEL 561-493-9922 FAX

July 26, 2017

Sent via UPS
Florida Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Amendments

To Whom It May Concern:

Enclosed please find amendment forms for three different LLC's. Also included the applicable filing fee. If you have any questions please contact me. Thank you.

Sincerely,

isedia Norven, issq.

561 358 6767 direct line

## **COVER LETTER**

TO:	Registration Sec Division of Corp				
		ate Ventures LLC			
SUBJ	ECT:	Name of Lim	ited Liability Company		
The er	nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please	e return all correspor	ndence concerning this matter	to the following:		
		Anthony Fasone			
		<del></del>	Name of Person		
		Adelphi Organization, LLC			
			Firm/Company		
		790 Andrews Avenue			
-			Address		
		Delray Beach, Florida 334	83		
			City/State and Zip Code		
		E-mail address: (	to be used for future annual report notific	cation)	
For fu	irther information co	oncerning this matter, please ca	all:	ALL ALL	2817
Leaha	a Norvell, Esq.		561 493-9200 at ()	RETA AHAS	רק ביווע אינו אינו אינו אינו אינו אינו אינו אינו
Parale	Name of		Area Code Daytime	Telephone Numeric	FILED
		e following amount:	<b>5</b> 6 60 mm	2011 2011	5
<b>=</b> \$:	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Cop (additional copy	f Status & oy

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)	Florida Limited	ny as it now appears on our reco Liability Company)	rds.)
ne Articles of Organization for this Limited Liab	oility Company	were filed on June 29, 2015	and assigned
orida document number 1.15000112447			
is amendment is submitted to amend the follow	ring:		
If amending name, enter the new name of the	he limited liab	ility company here:	
e new name must be distinguishable and contain the word	ds "Limited Liabi	lity Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		790 Andrews Avenue	7 20 T
rincipal office address MUST BE A STREET .	ADDRESS)	Delray Beach, FL 33483	
		790 Andrews Avenue	N P
nter new mailing address, if applicable: <i>Iailing <u>address MAY BE A POST OFFICE BO</u></i>	9X)	Delray Beach, FL 33483	2: 5b
Taking address MAT M2AT (931 OF FIGURE	<u> </u>		QA O
. If amending the registered agent and/or	•••		ds, enter the name of th
1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 .	e address her	<u>e</u> :	
gistered agent and/or the new registered offic			
gistered agent and/or the new registered offic  Name of New Registered Agent:	Adelphi Organi	ization, LLC	

#### 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.

City

Delray Beach

f Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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>	Address	Type of Action
MGR	Garafalo Group Investments Inc	836 85th Street	
		Miami Beach F1, 33141	<b>■</b> Remove
			Change
			□ Remove
			Change
			Remove
		<u></u>	Change Add Change
			AHASSEE, FUG
		<del></del> =	Remider Change
			□ Remove
			Change
			Remove

	ARE JUL -
	SSEE SSEE
	P 2
	0810
	<del>2</del>
	(optional)
Iffective date, if other than the date of filing:  'an effective date is listed, the date must be specific and cannot be prior to date of the late inserted in this block does not meet the applicable state locument's effective date on the Department of State's records.	f filing or more than 90 days after filing.) Pursuant to 605.0207
e record specifies a delayed effective date, but not an ef The 90th day after the record is filed.	
Dated 7/19/17	
$(\dot{\rho})$	
La L	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

### ACKNOWLEDGMENT AND NOTICE OF WITHDRAWAL

This document will acknowledge and give notice that Garofalo Group Investments, Inc. will withdrawal as manager of AG Real Estate Ventures, LLC, and thus Garofalo Group Investments, Inc. will have no decision-making authority from this day forth.

IN WITNESS WHEREOF, parties have executed and attested to this Acknowledgment and

Notice of Withdrawal, and have caused it to be executed and attested, the day and year first written below. AGRIZED: Rafael Garofalo, as President of Garofalo Anthony Fason as Manager of Adelphi Group Investments, Inc. Organization, LLC Date: 7/19/17 STATE OF FLORIDA ) ss COUNTY OF Migui - Dade THE FOREGOING INSTRUMENT was acknowledged before me this 2017, Rafael Garofalo. as President Garofalo Group Investments, Inc. who is personally known to me who has produced FC D(# \$6/4720672410) as identification and who did take an oath. SABA MCMILLIAN Notary Public - State of Florida Commission # GG 013707 NOTARY PUBLIC, State of Florida My Comm. Expires Jul 20, 2020 (Seal) STATE OF FLORIDA ) ss COUNTY OF \_ PALM BEACH THE FOREGOING INSTRUMENT was acknowledged before me this  $\frac{19}{100}$  day of \_\_\_\_\_, 20//, by Anthony Fasone, as Manager of Adelphi Organization, LLC who is personally known to me or who has produced Daves License as identification and who did take an oath. Notary Public State of Florida state of Florida Anthony Bostwick

My Commission FF 072052 Expires 11/20/2017

(Seal)