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(Re	questor's Name)	· (**)
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 MAR 21 AM 9: 02

MAR 22 2016 S. YOUNG

### **COVER LETTER**

Division of Corpo				
SUBJECT: AIA	Delray LL	_ C		
	<del></del>	nited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	Meredith	2eiff Name of Person		
	Mizner	Residential Re	ealty LLC	TALL/ANSS
	10 SE 4th	Avenue Dec Address		-
		City/State and Zip Code  9moul. Com take used for future annual report notifi		PH 5: 05
For further information con	E-mail address: (incerning this matter, please ca		ication)	
Mer earth Name of P	Zeiff	at (917) 304- 6 Area Code Daytime	6345 e Telephone Number	
Enclosed is a check for the	following amount:			
□ \$25.00 Filing Fce	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is ea	atus &
Registrati	G ADDRESS: ion Section of Corporations 6327	STREET/COURING Registration Section Division of Corpora Chifton Building	n	

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## TO ARTICLES OF ORGANIZATION OF

AIA Delra (Name of the Limited Lia	bility Company as it now appears on our rida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number	y Company were filed on 311	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the I  Meredith Zeiff  The new name must be distinguishable and contain the words "I	LLC	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	<u> </u>
Enter new mailing address, if applicable:	<del></del>	FILED NRY OR 21 P
(Mailing address MAY BE A POST OFFICE BOX)		<b>5</b> 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
		S 54
B. If amending the registered agent and/or re registered agent and/or the new registered office a	0	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	et 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.

If Changing Registered Agent, Signature of New Registered Agent

### or removed from our records:

MGR = Manager AMBR = Authorized Member.

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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fective 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 60:	5.0207 (3
If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list pent's effective date on the Department of State's records	ted as th
iona o one care and on the population of state of total of	
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli	ier of:
e 90th day after the record is filed.	
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Signature of a member or authorized representative of a member  Meredith Zeiff	
	tive date, if other than the date of filing:  [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lisment's effective date on the Department of State's records.  [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lisment's effective date on the Department of State's records.  [If the date inserted in this place does not meet the applicable statutory filing requirements, this date will not be lisment's effective date on the Department of State's records.

Page 3 of 3

Filing Fee: \$25.00