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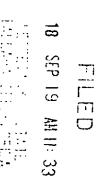
(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
(Bt	usiness Entity Name	e)
(Dx	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: DELR	AY AWNING Name of Limi	LLC ited Liability Company	·
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	Ricky	T. Day Namy of Person	
	Delray A	Whing LLC Firm Company	
	80 Nor	th Congress Av	<u>e. </u>
	Delray I	Seach, FL 334 City/State and Zin Code	45
-		lyaya wning.con	
For further information conc	erning this matter, please ca	ill:	
Ricky Day	rson	at (<u>561</u>) <u>276</u> Area Code Daytimo	relephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee	S30.00 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>DELRAY AW</u>	NING, LLC
(Name of the Limited L (A F	iability Company as it now appears on our records.) Iorida Limited Liability Company)
The Articles of Organization for this Limited Liabil	ity Company were filed on $03/27/2017$ and assigned
Florida document number <u>L 170000692</u>	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e limited liability company here:
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 A	
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new address here:
Name of New Registered Agent:	
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.

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 Type of Action <u>Address</u> <u>Title</u> Name AMBR Regina E. Day 4183 Juniper Terrace XAdd Boynton Beach, FL - Remove 33436 Change ____ □ Remove _____ □ Change □ Add □ Remove ____ Change ______ ____ ____ Add ☐ Remove _____ Change □ Add ____ Change _____ Add ☐ Change

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n effective date is li ite: If the date in	other than the date of a sted, the date must be specificated in this block does be date on the Department	ic and cannot be prior to not meet the applicab	date of filing or more the le statutory filing requ	(optiona an 90 days after filin airements, this dat	g.) Pursuant to 605.02
	ies a delayed effecti after the record is fi		an effective time,	at 12:01 a.m	. on the earlier
ted <u>09/17</u>	/2018		zed representative of a n		
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Page 3 of 3

Filing Fee: \$25.00