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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Delage Holdings LLC Name of finited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tom Delage Name of Person
Delage Holdings LLC Firm/Company
1311 Apollo Beach Blud. Suite A
City/State and Zip Code Crtina e Verizon net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please cali:
Name of Person at (\$13) 645-4378 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee. \$\Bigcup \$

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

Delage Holdin		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ally as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L17</u> 001623	were filed on Mg 9, 6	OIF and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi 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)	No Charge	r the abbreviation *SL.C. LCC
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	Enter Florida street address Flori	da
	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 **Title** <u>Name</u> Address Type of Action Paula S. Motherical 1311 Apollo Beach Blul. DANG Apollo Beach FL 33572 - Change AMBIR Paula Scroggin Delage 1311 Apollo Beach Blud _□ Remove Apollo Reach, FL 33572 ☐ Change ☐ Remove □ Change _□ Add ☐ Remove ☐ Change _□ Add ☐ Remove Change □ Add □ Remove □ Change

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Filing Fee: \$25.00