## LISUODSHIOI

(Requestor's Name)
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PICK-UP WAIT MAIL
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## **COVER LETTER**

Div	ision of Corpo	orations				
CHD ICCT.	-	Land Development, LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	l Articles of Ar	mendment and fee(s) are sub-	mitted for filing.			
Please return	all correspond	lence concerning this matter	to the following:			
		Joseph M. Landolfi, Jr., Ll	M.			
			Name of Person			
		Shapiro, Blasi, Wasserman	i. & Hermann, P.A.			
			Firm/Company			
		7777 Glades Road, Suite 4	00			
			Address			
		Boca Raton, FL 33434				
			City/State and Zip Code			
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For further in	iformation con	cerning this matter, please ca	all:		SECRETALLAND	T
Joseph M. L	andolfi, Jr., Ll	M.	561 477-7800 at ()		L 23	
	Name of P		Area Code Daytime	Telephone Number	PU 4: 42 OF STATE ETLORIDA	
		following amount:			_	
\$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

MAILING ADDRESS:

TO: Registration Section

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

Delray Beach Land Development, LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C Florida document number L18000034701	Company were filed on 02/07/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	48 -4416.	
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:	<u></u>	11
(Mailing address MAY BE A POST OFFICE BOX)	•	<u></u>
		t the constraint to
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		ecords, enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	r. cl. l	
	Enter Florida street	agaress
		, 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Innovative Designs of Dania, Inc.	1404 Nautilus Isle	
		Dania Beach, FL 33004	<b>■</b> Remove
			□ Change
MGR	Second Wave Development, LLC	1404 Nautilus Isle	■ Add
		Dania Beach, FL 33004	□ Remove
			☐ Change
			□ Add
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of fil	(optional)
Note: If the date inserted in this block does not meet the applicable statuto document's effective date on the Department of State's records.	ory filing requirements, this date will not be listed
uncument's effective date on the Department of state's records.	
the record specifies a delayed effective date, but not an effective 90th day after the record is filed.	ctive time, at 12:01 a.m. on the earlier
Dated July 12 2018	
'/AM	
Signature of a member or authorized repres	sentative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00