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(Req	uestor's Name)	
	ress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
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### **COVER LETTER**

TO: Registration Sect Division of Corpo				
SUBJECT:A	delson (	ited Liability Company	LL(	<u>-</u>
The enclosed Articles of Ar	nendment and fee(s) are sub	omitted for filing.		
Please return all correspond	lence concerning this matter	to the following:		
		Adelson Name of Person		<del></del>
	Adelson	Cava lier Firm/Company	LLC	<u>-</u>
		orth Avenu		
	Palm B	each, FL	33'	180
	adan @ ad	each, FL City/State and Zip Code lelson qallerie to be used for future annual rep	5. Com	
For further information con	cerning this matter, please c			
Adam A Name of P	delson	at ( <u>914</u> ) <u>7</u> Area Code	72-5 Daytime Telepho	783 ne Number
Enclosed is a check for the	following amount:			
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Stroot Add	rory.	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

A delson (Name of the Limited	Cavalie	r, LLC	2000 2	2 / · · <u>8</u> : 32
( <u>Name of the Limited</u>	l Liability Company a V Florida Limited Liab	is it now appears on ou ility Company)	ir records.)	
The Articles of Organization for this Limited Lial Florida document number <u>L 180001332</u>	bility Company we 200	re filed on May	29, 20	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	the limited liability	y company here:		
A delson Gal The new name must be distinguishable and contain the wor	leries	LLC		
The new name must be distinguishable and contain the wor	rds "Limited Liability (	Company," the designati	ion "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applical	ble: _			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B				
B. If amending the registered agent and/or regagent and/or the new registered office address		ress on our records	s, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:	Adam	Adelson		
New Registered Office Address:		Enter Florida stre		
		Enter r torida stre	et address	
		City	Florida _	 Zip Code
Naw Dogistored Agent's Signature, if changing De	acietarad Agant:	\$ *******		Top Comment

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
AMBR	Ronald Cavalier	26 Parade Ground Court	<u> </u>
		Weston, CT 06883	ERemove
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ote: If t	ne date inserted in	n this block does on the Departmen	not meet the	applicable sta	itutory filing r	equirements, th	is date will not	be listed a
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ated		A.	-A1/1	4				
ated		Signature	of a member	or authorized re	epresentative of	a member		

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