# L18000196038

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AUG 2 5 2018 T SCHROEDER

### **COVER LETTER**

TO: Registration Se Division of Cor		
- 1710 NW 2 SUBJECT:	2ND AVE LLC	
	Name of Limited Liability Company	
	Amendment and fee(s) are submitted for filing.	
rtease return art correspo	ALLEN G DELANEY	
	Name of Person	
	THE DELANEY COMPANY, 2710 N.W 2 hd Ave, LLC	
	Firm/Company	
	1710 NW 23RD ST	
	Address	
	GAINESVILLE, FL, 32605	
	City/State and Zip Code	
	brucedelaneybroker@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further information co	oncerning this matter, please call:	
ALLEN G DELANEY	571 213-0254 at()	
Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the	e following amount:	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  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**

. 1710 NW 2ND AVE LLC			
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our record Limited Liability Company)	<u>s.</u> )	
The Articles of Organization for this Limited Liability Collorida document numberL18000196038	ompany were filed onAUGUST 16.	2018 and assigned	
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limit	ted liability company here:		
2710 NW 2ND AVE LLC			
he new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC		
nter new principal offices address, if applicable:	SAME AS ON ORIGINAL AF		
<u> Principal office address MUST BE A STREET ADDRI</u>	ESS)	6 2	
		2 SEE	
nter new mailing address, if applicable:	N/A	F STAT	
Mailing address MAY BE A POST OFFICE BOX)		0A	
. If amending the registered agent and/or registo	ered office address on our records	enter the name of the	
gistered agent and/or the new registered office addre	ess here:	s enter the name of the	
Name of New Registered Agent: N/A			
New Registered Office Address:			
	Enter Florida street address		
	Flo	orida	
<del></del>	City	Zin 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

Zip Code

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 □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change E Remove ] က္သ **E**Ndd \_□ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Add

□ Remove

\_□ Change

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7.00	AUGUST 17, 2018	ORIDA	52	
fan ei Note:	ive date, if other than the date of filing:	ling.) Pur	suant to ( not be l	605,0207 isted as
ne re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.r 90th day after the record is filed.	n. on t	he ea	rlier o
Dated	Argust 21 2018  Olle G. Defendence of a member of authorized expresentative of a member.  Signature of a member of authorized expresentative of a member.	n		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00