

L19 0000 24960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

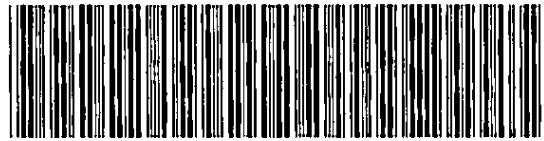
(Document Number)

Certified Copies _____ Certificates of Status _____ ✓

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S TALLENT
MAY 21 2019

2019 MAY 20 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Handwritten signature



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2019

PAULA HARTMAN
DELRAY ONE REALTY LLC
900 EAST ATLANTIC AVENUE
DELRAY BEACH, FL 33483

SUBJECT: DELRAY ONE REALTY LLC
Ref. Number: L19000024960

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

IF YOU WOULD LIKE TO OBTAIN A CERTIFICATE OF STATUS AND A CERTIFIED COPY, AN ADDITIONAL FEE OF \$7.50 IS DUE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 219A00009137

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Delaware Realty LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paula Hartman
Name of Person

Delaware Realty LLC
Firm/Company

900 East Atlantic Avenue STE 5
Address

Delray Beach Florida 33483
City/State and Zip Code

Rebecca.Renton@del.com ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Marie at (561) 382-3888
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

RECEIVED

MAY 20 2019

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

El Ray one Realty LLC.
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1.23.19 and assigned Florida document number LI9 0000 24960.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office 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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|----------------------------|--|
| AMBR | STEVE LABOV | 900 EAST ATLANTIC AVE | <input type="checkbox"/> Add |
| | | Delray Beach Florida 33483 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Phillip McFillin | 900 East ATLANTIC AVE. | <input checked="" type="checkbox"/> Add |
| | | Delray Beach Florida 33483 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Paul Hartman | 900 EAST ATLANTIC AVE | <input type="checkbox"/> Add |
| | | Delray Beach Florida 33483 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 5/14, 2019

Paula Hartman
Typed or printed name of signer