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COVER LETTER

TO: Registration Section Division of Corpor	
SUBJECT: Dely	ay one Zeelty UC
	Name of Limited Liability Company
The enclosed Articles of Am	nendment and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
,	Paula Hartman Name of Person
	Name of Person
	Delay one Realty LLC
	Firm/Company
	900 East atlantic Benne
	Address
	Delay Brack, Glorida 33483
	City/State and Zip Code
-	E-mail address: (to be used for future annual report notification)
For further information conc	perning this matter, please call:
Donna Ma	at (561) 332-3888 Area Code Daytime Telephone Number
Name of Pe	rson Area Code Daytime Telephone Number
Enclosed is a check for the fo	ollowing amount:
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Delray one	Kealtylle
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number 4900 249	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following	:
A. If amending name, enter the new name of the li	imited liability company here:
Enter new principal offices address, if applicable:	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET AD	DRESS)
Enter new mailing address, if applicable:	SECK-TALL
(Mailing address MAY BE A POST OFFICE BOX)	(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
B. If amending the registered agent and/or registered agent and/or the new registered office ac	gistered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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> 1 1116</u>	<u>Name</u>	Address	1 vpe or Action
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MBR	Theresa Mctulin	900 East Atlantic Avenue Delian Beach florda 33	183 X Add
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