# L19000024960

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Amendica

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### **COVER LETTER**

Division of Corporations
SUBJECT: Delan on Realth L.C.
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:
Doma Marie Carli Name of Person
Delray one Realty UC.
900 East Offentic Anenue
Delray Beach J 33426 City/State and Zip Code
E-malt-address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dona Marie Carli a1 (561) 572-7490
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$30.00 Filing Fee & ☐ \$30.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & 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

Delenyone Kealty	<u>u</u>	
Name of the Limited Liability (A Florida Li	Company as it now appears on our imited Liability Company)	records.)
The Articles of Organization for this Limited Liability Con Florida document number 19000 2496	npany were filed on $\frac{1}{2}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del> </del>	
(Principal office address MUST BE A STREET ADDRE.	<u>SS)</u>	21
		,
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	•	<u> : </u>
		<u>–</u>
B. If amending the registered agent and/or register registered agent and/or the new registered office address		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
		Florida
	Ciţy	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>Tit</u> le	Name .	Address	Type of Action
MOB	THEresa McFillin	900 East atlantic Avenue	🗆 Add
		200 East atlantic Avenue Duhay Beach [1 33 483	<b>\</b> Remove
		<u>* 1                                   </u>	Change
MGR	ALBERT BOYD	900 East Atlantic Ave	b_Add
		Dulray Beach Cf. 33483	□ Remove
			Change
			□ Remove
			□ Change
			_D Add
			_□ Remove
			Change
			_D Add
			_□ Remove
			_ Change
			_□ Add
			_□ Remove
			Chances

). \f amending any	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
(If an effective date is Note: If the date	f other than the date of filing:
	ifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier of: $\gamma$ after the record is filed.
Dated	11 / 19 . 2019  Signature of a member of authorized representative of a member
	Theresa mcFillin Typed or printed name of signee

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Filing Fee: \$25.00