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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Delray one Realty UC 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: |
| Donna Carli Name of Person |
| Delay me Realty LLC |
| Goo East atlantic Avenue Soutett 5 Address |
| Delray Read Sl 33483 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Donna Cauli at (501) 572 7490 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the 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) □ \$60.00 Filing Fee, 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

| DelRAY one Re | alty UC | |
|--|--|-----------------------|
| (Name of the Limited Liability Company (A Florida Limited Lia | as it now appears on our records.) bility Company) | |
| | ere filed on 1/23/19 | |
| The Articles of Organization for this Limited Liability Company w | | and assigned |
| Florida document number <u>L19 0000249</u> 60 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabili | ty company here: | |
| The new name must be distinguishable and contain the words "Limited Liability | Company," the designation "LLC" or the | abbreviation "L.L.C." |
| 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 offic registered agent and/or the new registered office address here: | ce address on our records, <u>ente</u> | r the name of the new |
| | | 20 |
| Name of New Registered Agent: | | |
| Name of New Registered Agent. | | 2019 179 |
| New Registered Office Address: | | <u> </u> |
| | Enter Florida street address | 0 |
| | , Florida _ | - Zip Code? |
| | City | |
| Vew Registered Agent's Signature, if changing Registered Agent: | | (2) |

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and eccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany 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 Type of Action Address Title <u>Name</u> 900 East AtLANTIC ARGARDING
SUITE 5
DURAY BRACH A 33483 | Remove ALBERT BOYD ☐ Change □ Add ☐ Remove _□ Change _□ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change _□ Add □ Remove

☐ Change

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| lf an cff <u>Note:</u> | ve date, if other than the date of filing: 11 12 2019 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records. |
| | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. |
| Dated | Signature of a member or authorized representative of a member |
| | Thursh WCFillin |

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Page 3 of 3

Filing Fee: \$25.00