(Reque	stor's Name)	
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PłCK-UP] WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Filin	g Officer:	

Office Use Only



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COVER LETTER

TO: Registration So Division of Cor				
	Maintenance LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter			
	Janette Zaleski			
		Name of Person	4.0	
	Hale and Doerr LLC			
		Firm/Company		
	913 Gulf Breeze Parkway	Ste 4		
		Address		
	Gulf Breeze FL 32561			
		City/State and Zip Code		
	info@haledoerr.com	to be used for future annual report notif	ication)	
For further information	concerning this matter, please c			
Janette Zaleski		850 934-4288		
Name (of Person	at () Area Code Daytime	: Telephone Number	
Enclosed is a check for t	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	(17)	Į.
Mailing Addre Registration Division of (Section Corporations	Street Address: Registration Sec Division of Corp	porations	.)
P.O. Box 63 Tailahassee,		The Centre of T 2415 N. Monroe	allanassee 2 Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Delamater Maintenance LLC		
(Name of the Limited Liab (A Flor	oility Company as it now appears on our records rida Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Plorida document number L19000033648	Company were filed on 02-01-2019	and assigned
This amendment is submitted to amend the following:	 '	
A. If amending name, enter the new name of the li	imited liability company here:	
N/A		
he new name must be distinguishable and contain the words "I	imited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:	N/A	
<u>Mailing address MAY BE A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or registe agent and/or the new registered office address here	red office address on our records, <u>enter</u> <u>e</u> :	the name of the new register
Name of New Registered Agent: N/A	Λ	PH 2
New Registered Office Address:	Enter Florida street addres.	: 2
	. Flo	orida
	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 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
MGR	Karen DeLamater	4908 Mason Calle Rd Gulf Breeze, FL 32563	= Add
			□Remove
		<u></u>	□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			SE C Manage
			SEC Dange
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			□ Change
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ffective date, if other than the date of filing:	(optional)
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more the listed. If the date inserted in this block does not meet the applicable statutory filing required.	nan 90 days after filing.) Pursuant to 605.020 puirements, this date will not be listed a
ocument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on th	te earlier of: (b) The 90th day after the
I is filed.	
February 22 2024	
THUID DECAMATES	1
Signature of a member of authorized representative of a	member

Filing Fee: \$25.00